

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

<b>MICHAEL COREY JENKINS, et al.</b>	:
	:
<b>Plaintiffs,</b>	:
	:
v.	: Civil Action No
	: 3:23-cv-374-ASH-DPJ
	:
	:
<b>RANKIN COUNTY, MISSISSIPPI, et al.,</b>	:
	:
<b>Defendants.</b>	:

**AFFIDAVIT OF JEREMY TRAVIS PAIGE**

1. My name is Jeremy Travis Paige.
2. I am above the age of twenty-one and have personal knowledge of the matters set forth herein.
3. This incident occurred on or about August 15, 2018, near Pearson Road in Rankin County near Wendys and Ruby Tuesdays.
4. At the time I lived in a small house with my roommate Christie Ivy, close to this location.
5. During a confidential drug buy, Madelyn Brock, it was alleged that I had given her some drugs sell to an undercover officer.
6. I did not give any drugs to Madelyn, and I did not have any drugs in my possession.
7. I was driving a 2018 Altima, suddenly, when I made the left at the light on Pearson, I was suddenly surrounded by a number of unmarked police vehicles.
8. I was scared and I stopped immediately. About six officers jumped out.

9. Brett McAlpin came up to the driver's side of my car, on the driver's side window, and he had his gun pointed at me. McAlpin ordered me to roll my window down, which I did.
10. Once I rolled my window down, another deputy, I believe his name was Shivers, physically snatched me up out of the driver's side window and slammed me on the ground.
11. I recall this deputy as being very big and strong. At this time, my height was around 6-1 and I weighed about 135 pounds.
12. Once the deputy snatched me out of my window, I hit the ground hard. I was immediately handcuffed once I hit the ground.
13. I was stood up against the vehicle, and while handcuffed, I was surrounded by several deputies and all of them started punching me and kicking me, similar to the way I saw Rondey King being beaten.
14. It was very bad. I was screaming and pleading for help. I was repeatedly punched in the face by Brett McAlpin. Other deputies participated.
15. The strongest punch that was thrown, knocked me out. That punch was thrown by the deputy who initially snatched me out of my car window and slammed me to the ground.
16. At no point was I resisting. I had no chance to resist. I am a small guy and many of them were big men. Plus, I was handcuffed the whole time.
17. I started to lose consciousness from the beating I received. I was placed in a Ford Truck police vehicle by the deputies and driven to my house, and when I regained consciousness, I was being dragged into my home by these deputies and narcotics officers. I was still handcuffed. The handcuffs were never taken off me until I reached the jail much later.
18. When I came in the door, some other deputies had my roommate Christy and another man Tommy Knowles tie-strapped with plastic handcuffs in the front room.

19. They put me in the middle of the bed and many deputies surrounded me. Others were in and out of the room dealing with Christy and Tommy in the front room.
20. They had me in the house at least 5 hours. I recall this entire incident from start to finish taking place around 6:30 pm and I arrived at the jail at around 1:35 am.
21. I was punched in the face and tased repeatedly throughout this time.
22. During the time in the house McAlpin was insistent that I make deals to buy drugs.
23. Brett McAlpin took money out of my pocket, around seven hundred dollars, and he added some money to it. McAlpin placed the money in a single stack on the dresser and took pictures of it.
24. McAlpin then went through my cellphone and started texting people and sending them the photo of the money on the dresser and telling them to bring drugs over to my house.
25. McAlpin made me start calling people he recognized from Facebook messenger. He had me call them and offer them double the money if they would bring me methamphetamines to purchase.
26. At one point they stretched a bath towel across my face, and they poured gallons of water across the washcloth covering my mouth. Learned the term “waterboarding” when I was jailed.
27. I thought I was going to die. I have never experienced anything like that in my life and I thought I was literally going to drown.
28. I called on God and Jesus. McAlpin slapped me on my face and chastised me for calling on God.
29. A deputy shot me in my groin with the taser while I was being waterboarded. I learned about water boarding when I was jailed.

30. I was tased repeatedly over the several hours they had me kidnapped. I was tased over and over again.
31. At one point, when I had my phone back from McAlpin, I texted the mother of my child. Kristi and I told her they were trying to kill me and come help me. I texted some others too.
32. McAlpin discovered this and he became angrier. He texted them on my phone that if they came to help me, they would be arrested for obstruction of justice.
33. Brett McAlpin became angry with me and pressed a lit cigarette into my thigh. I screamed in pain I have the photographs.
34. I was called both a nigger and a wigger.
35. My son Trace and his mother Kristi came by but were denied entry by deputies.
36. Then the deputies decided to move me because their cover had been blown.
37. My roommate Christi Ivy had been released, but Tommy Knowles was still there when they brought me out.
38. All the bedding had been destroyed in the ordeal and there was blood splattered on the bedroom wall from my beating. I urinated on myself and on the bed.
39. I had been beaten until my eyes were swollen shut and my tooth was knocked out of my mouth. My booking photos show my severe beating.
40. My original arresting deputy from the traffic stop threatened to kill me for spilling blood on him.
41. They brought me out of the house and put me in a Pearl transport car. I heard a conversation confirming the dash camera being turned off.
42. The deputy, whom I recall as being named Shivers, the one who dragged me out my car window, sat down next to me. He put on some gloves, and he hit me in the face.

43. When I got to the jail the booking officers determined they needed photos of me from head to toe. This was because the jail officials wanted to be clear that my injuries occurred before I got to jail. I demanded that my photos be taken before my picture was taken. The jail officers took pictures of my injured wrist, my ribs, and my beaten and swollen face.

44. I told jail personnel my ribs were broken, and my nose was broken, but they put me in general population. My grievance forms I complained about not getting any medical attention and about what I suffered back at my house. I could not get a Benadryl.

45. I filed grievance forms while in jail. I believe my ribs were broken but I was never treated. I still suffer to this day from pain in my ribs and nose bleeds from that terrible day.

46. Brett McAlpin call end me into the jail office and told me to be quiet about everything that happened, McAlpin let me know that he was AB (Aryan Brotherhood) and he had kinfolk behind bars and they would take care of me if I told what had happened.

47. I was charged with drug related offenses.

48. During my criminal proceedings Brett McAlpin was a key witness, he lied on the witness stand repeatedly.

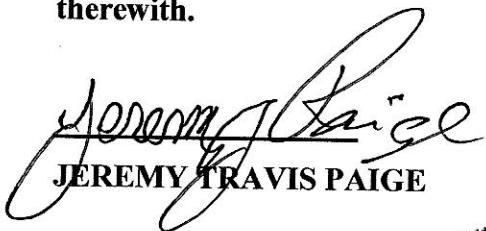
49. McAlpin's statements and the Court believing him intimidated me and my lawyers and we were forced to enter guilty plea for crimes I did not commit. The evidence produced against me was falsified.

50. On that day I had not committed any crime. I had a lot of crimes committed against me.

51. I filed a lawsuit in Federal Court on 3/18/2020. I was unable to pursue my lawsuit while incarcerated due to the many difficulties. I could not meet the court deadlines due to my restrictions behind bars.

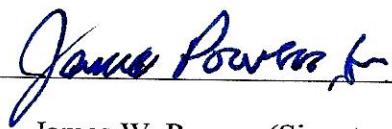
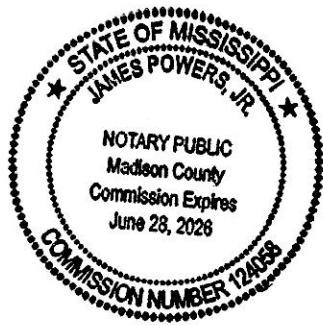
**I declare under the penalty of perjury that the foregoing is true  
and correct and I am prepared to testify consistent therewith.**

therewith.



JEREMY TRAVIS PAIGE

DATE 2/28/2025



James W. Powers (Signature)

SWORN TO AND SUBSCRIBED BEFORE ME, this the 28th day of February 2025

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

**MICHAEL JENKINS, *et al.***

:

:

**Plaintiffs,**

:

:

**Civil Action No.**

v.

**3:23-cv-374-DPJ-ASH**

:

:

:

**RANKIN COUNTY, MISSISSIPPI, *et al.*,**

:

:

**Defendants.**

:

**AFFIDAVIT OF MITCHELL HOBSON**

1. My name is Mitchell Hobson. I am above the age of twenty-one and have personal knowledge of the matters set forth herein.
2. On or about October, 2018, I was at Rick Loveday's mobile home at the Country Meadows Mobile Home Park on Hwy 468 in Rankin County. I was there to pick up a woman named Alana Turnage Creel. Several people were present at the time.
3. A man named Adam Fowler came in to deliver One Hundred Dollars (\$100.00) to Ms. Creel, presumably for the purchase of drugs. Shortly after Fowler sent the money to Creel, approximately seven or eight Rankin County Sheriff's deputies, led by Investigator Brett McAlpin, burst into the trailer. McAlpin immediately asked me about one hundred dollars. When no one admitted having the money, McAlpin stated that we would all be taken to jail.
4. Other than McAlpin, the deputies present that I recognized were Deputy Rayborn and Deputy Hunter Elward. Another chubby deputy with a beard may have been Christian Dedman or Daniel Opdyke. I recognized other deputies from the jail, but I did not know their names.
5. McAlpin, Rayborn, and some other deputies wore tan Polo Shirts. The remaining deputies wore gray polo shirts with the Sheriff's Department insignia ironed on and black cargo pants.
6. I was taken from the middle room to a bedroom and thrown face down on the bed. When I turned my head to see, one of the deputies put his finger in my eye, cursed at me, and then chastised me.

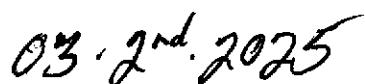
7. They then put plastic handcuffs on me.
8. Deputies came in one after the other and held my legs apart, stomped me in the testicles, and began tasing me in my legs, armpits, and neck. It felt like as many as eight people were tasing me. I was drifting in and out of consciousness from being tased by seven or eight people at once.
9. Alana Creel told me that this torture lasted for about 45 minutes. Deputies accused me of coming to Rankin County to sell drugs.
10. I asked to be taken to jail; an unknown deputy indicated that he was going to take me to jail and kill me.
11. I was thrown into the living room floor. I was punched in the face with a closed fist by several deputies. It was like a free-for-all.
12. At that time, I thought that they were going to kill me.
13. Police took everyone to jail except me. My mother came to the trailer park and saw me in the back of a police car, bleeding. She informed the police that she was going to follow them to the jail to make sure that I was alive when they got there. The deputies accused me of calling my mother. They then took my phone, stomped it to pieces, and threw the broken pieces of the phone in my lap. They pointed firearms in my face and spit on me.
14. They took me back into the trailer and into Rick Loveday's room. One deputy forced me to open my mouth, and another deputy put a pistol in my mouth. Yet another deputy put a taser in my mouth. I believed they were going to kill me. They continued to punch me and began to waterboard me.
15. A deputy came in with a large jug of water; they put a towel on my face and poured water through it. A deputy tried to choke me with the towel, but the towel lodged on my chin. At that time, a deputy grabbed the lamp cord and choked me. I was choked with the lamp cord until I felt the pressure in my tear ducts. They told me they were taking me to jail and for me not to get any ideas about reporting what had happened to me. I told the officers I was in the wrong place at the wrong time. I did not have any drugs, and I had not done anything wrong. I just wanted to go home.
16. At that time, I was taken to the jail, but once I got there, they had to take me to the hospital because the nurse at the prison could not stop my face from bleeding. The deputy who transported me was not involved in beating me.

17. At the hospital, the nurse informed the deputies that I had two- lacerations inside the initial wound, and due to the placement of those lacerations, she did not believe that I was resisting arrest. The deputy who transported me denied that they had injured me.
18. I was charged with the sale of methamphetamine and conspiracy to contribute methamphetamine. Those charges were later withdrawn, but I went to prison because I was on probation at the time of my wrongful arrest. I was still charged with misdemeanor resisting arrest. I was detained at the Rankin County Jail for 105 days before being released on the charges, which had been withdrawn.
19. I did not pursue any charges because the deputies had threatened me, and I was just happy to be alive.

**I declare under penalty of perjury that the foregoing is true  
and correct, and I am prepared to testify consistently.**

  
**MITCHELL HOBSON**

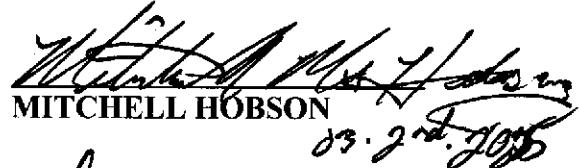
DATE

  
**03-2nd-2025**

STATE OF MISSISSIPPI

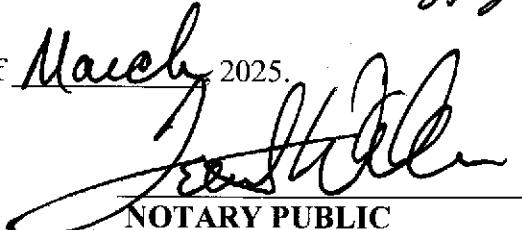
COUNTY OF Hinds

PERSONALLY APPEARED BEFORE ME, the within named Mitchell Hobson, and upon his oath swore that the averments of the foregoing document are true and correct to the best of his knowledge.

  
MITCHELL HOBSON

03.24.2025

So sworn or affirmed, this the 2 day of March, 2025.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

May 13, 2027

(SEAL)



# Sharecare - HDS

## Fax Cover Sheet

Subject Sharecare EDelivery

To 16013983918

From

Date 2025-02-04 10:39:48 EST

The information contained in this facsimile transmission is privileged and confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction. Please contact us to verify receipt of this Fax or to report problems with the transmission.

The contents of this facsimile include confidential health information which is protected by the HIPAA Privacy Rule. You, the recipient, are obligated to maintain this information in a safe, secure and confidential manner. Re-disclosure without additional consent or authorization of the individual or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain the confidentiality of this information could subject you to penalties under Federal and/or State law.



TRENT L. WALKER COUNSELOR AT LAW  
5255 Keele St Ste A  
Jackson MS 39206-4381

31485909

Oct 14 2024 3:11 PM  
Mitchell Hobson

MS025

Oct 25 2024 7:49 AM



33

---

**CONFIDENTIAL - MEDICAL RECORDS**

---

This packet may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, please forward these records to the person(s) who handles medical records for your organization. Any misuse of this information is a violation of state and federal privacy laws and is strictly prohibited.



## RECORD CUSTODIAN CERTIFICATION WITH NOTARY

PATIENT NAME: Mitchell HobsonDATE OF BIRTH: 1/12/1980

## A) CERTIFICATION OF RECORD/MATERIALS:

I certify that, to the best of my knowledge, the copies of records provided for the above-named patient are true reproductions from the medical records which are housed at Merit Health Rankin. All such records were compiled and maintained in the regular course of business at or near the time of the matter recorded.

## B) AFFIDAVIT OF NO RECORDS/MATERIALS. (and the following applies):

A thorough search of our files, carried out under my direction using the specific information provided in your request revealed no documents, records or other materials or images. It is to be understood that this does not mean that records do not exist under another spelling, name, or other classification.

All records as described in your request were destroyed/purged in accordance with document retention policies.

Other \_\_\_\_\_

Custodian of Records Name (print)	Custodian of Records Signature	Date
<u>Heather Holmen</u>	<u>Heather Holmen</u>	<u>10/14/24</u>

State of MISSISSIPPI

On this, the 14 day of October, 20 24, before me a notary public, the undersigned officer, personally appeared Heather Holmes, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature

Kelly Spell

Notary Public Name (print)

Kelly SpellRecord Custodian Certification with Notary  
HIM-1505 04/16 (Rev. 08/17) Page 1 of 1

Patient Label

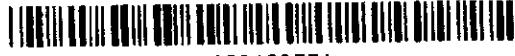




Bankin

					ADVANCE DIRECTIVE (VIN)	ACCOUNT NO.			MEDICAL RECORDS NO.			
					N	5502480			0000169551			
P A	ADMIT DATE / TIME 10/24/2018 01:54	ROOM NO. 0	PT E	FC C	AGE 038	DATE OF BIRTH 01/12/1980	SEX M	RA 2	MS S	LOCATION	PROGRAM	
T I	PATIENT NAME & ADDRESS HOBSON, MITCHELL 221 N TIMBER ST BRANDON MS 39042 US					PATIENT EMPLOYER INMATE					EMPLOYER PHONE NO.	
E N	PHONE NUMBER (601)825-1479										COUNTY OORANKIN	
R T	RESPONSIBLE PARTY & ADDRESS RANKIN, COUNTY SHERIFF 221 N TIMRFR ST BRANDON MS 39042 US					RESPONSIBLE PARTY EMPLOYER INMATE					EMPLOYER PHONE	
G U	PHONE NUMBER (601)825-1479										RELATIONSHIP TO PATIENT OTHER	
A R	EMERGENCY CONTACT NAME (not in household) RANKIN, COUNTY SHERIFF					EMERGENCY CONTACT PHONE (601)825-1479			EMERGENCY CONTACT RELATIONSHIP TO PATIENT MEDICAL			
COMMENTS LRP						MSP <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PL ETH REL ENG N BAPT	PRIVACY TOP SECRET			NPP <input type="checkbox"/> LRP	
PRIVACY						EMAIL	PPI <input type="checkbox"/> O	ACCIDENT OTHER	ACCIDENT DATE 10/24/2018 01:30			
I N	1 INSURANCE CO. NAME & ADDRESS MILLETTE ADMIN INC 4619 MAIN ST STE A MOSS POINT MS 39563 (228)475-8667	PAYER 950	PLAN 001	POLICY NUMBER 376860073			DATE OF BIRTH 01/12/1980					
S U	INSURED'S NAME HOBSON, MITCHELL											
R A	GROUP NUMBER					GROUP NAME						
A R	AUTHORIZATION											
N C	2 INSURANCE CO. NAME & ADDRESS	PAYER	PLAN	POLICY NUMBER			DATE OF BIRTH					
C E	INSURED'S NAME											
M J	GROUP NUMBER					GROUP NAME						
J C	AUTHORIZATION											
DR. ADMITTING / ATTENDING LIMAYLLA, LUCY M	DR. FAMILY / PRIMARY CARE "NOT FOUND"											
CHIEF COMPLAINT LACERATION TO EYEBROW	ADMITTING DIAGNOSIS											
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).						DISCHARGED TO HOME			DISCHARGE DATE/TIME 10/24/2018 03:04			

FACE



5502480

0000169551

**Nurse's Notes**

Merit Health Rankin  
Emergency Services

Name: Hobson, Mitchell

Age: 38 yrs

Sex: Male

DOB: 01/12/1980

MRN: 0000169551

Arrival Date: 10/24/2018

Time: 01:54

Account#: 5502480

Bed ER 02

Private MD:

Diagnosis: 1.- FACIAL CONTUSION. 2.- RIGHT EYEBROW LACERATION. 3.- LEFT SHOULDER CONTUSION. 4.- LEFT HIP PAIN

**Presentation:**

10/24

02:00 Presenting complaint: Pt comes to ER escorted by Rankin County so with a laceration above the right eye he received pta. Complicating Factors: There are no complicating factors for this patient.

Transition of care: patient was not received from another setting of care.

10/24

02:00 Method Of Arrival: Walk-in

1p

10/24

02:00 Acuity: ESI Level 4

1p

**Triage Assessment:**

10/24

02:02 General: Appears in no apparent distress, Behavior is appropriate for age, cooperative. Pain: Complains of pain in right eye. Recent Travel History: No recent travel within the last 21 days.

**Historical:**

- Allergies: No known drug Allergies;
- Home Meds:
  - 1. None
- History obtained from: patient, police.
- Immunization history: Last tetanus immunization: unknown Pneumococcal vaccine is not up to date, Patient has never been vaccinated, Flu vaccine is not up to date, Patient has never been vaccinated.
- Family history: Not pertinent.
- Social history: : No barriers to communication noted. The patient speaks fluent English. Smoking Status: Patient uses tobacco products, smokes 1/2 pack of cigarettes per day.
- Social history: Smoking Status: Patient uses tobacco products, smokes 1/2 pack of cigarettes per day.

**Screening:**

10/24

02:02 Sepsis Protocol: Patient presentation is not suspicious for sepsis; screening is stopped. Abuse assessment: No assessment findings of abuse, such as: unexplained injuries or bruising, suspicious burns, signs of withdrawal, depression, or fear of others. Fall Risk: 0-2 points- Low risk; fall risk bundle not initiated. Tuberculosis Screening: Never had TB. Suicide Screening: Patient Questions Patient presents with a primary complaint of emotional or

behavioral disorder or substance abuse: No. Do you feel hopeless or helpless: No Have you had thoughts of suicide now or in the past month: No. Pneumonia Screening: Total Score: 0 Pts., no action required at this time.

10/24

02:04 Smoking history: Pt currently smokes.

1p

## Assessment:

10/24

02:04 Present on Arrival: Central Line: NO. Foley Catheter: NO. Wound/Pressure Ulcer: NO. Nursing diagnosis: Alteration in comfort: potential. Patient/family educated on and included in the plan of care related to pain. Neuro: No gross abnormalities. Level of Consciousness is awake, alert, Oriented to person, place, time. EENT: NO gross abnormalities. Cardiovascular: No gross abnormalities. Respiratory: No gross abnormalities. Airway is patent Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical. GI: No gross abnormalities. Abdomen is flat, non-distended.

10/24

03:03 Musculoskeletal: No gross abnormalities. Circulation, motion, and sensation intact Capillary refill < 3 seconds. Injury Description: Laceration sustained to right eye is contaminated, was sustained 30-60 minutes ago. is bleeding no active bleeding noted.

1p

## Vital Signs:

10/24

02:07 Resp 18; Pulse Ox 100% on R/A;

1p

10/24

02:11 BP 150 / 86; Pulse 94; Temp 98.2;

1p

## ED Course:

10/24

01:55 Patient arrived in ED.

1p1

10/24

02:00 Picou, Laurie, RN is Primary Nurse.

1p

10/24

02:01 Triage completed.

1p

10/24

02:01 Limaylla, Lucy, MD is Attending Physician.

11

10/24

02:02 Arm band placed on right wrist.

1p

10/24

02:06 ED Rounding: Pain Reassessment: remains unchanged at this time Call light is within patient's reach, and patient has been educated on its use. Family Update: Patient does not have any family members to update Pending Items and/or Delays: Patient awaiting physician at this time Patient awaiting diagnostics at this time Patient has been instructed that nurse will re-visit within 30 minutes.

1p

10/24

02:06 Patient has correct armband on for positive identification. Bed in low position. Call light in reach. Side rails up X 1. Security at bedside.

1p

10/24

02:06 No procedures required assistance by the nurse.

1p

## Administered Medications:

10/24

02:13 CANCELLED (Physician Discretion): ADACel 0.5 ml IM once; indicated for adults and teenagers 11 to 64 years of age

11

10/24  
02:45 Drug: Tetanus-Diphtheria Toxoid Adult 0.5 ml {Manufacturer: Mass Biologic. Exp: 12/20/2020. Lot #: A113A. } Route: IM; Site: left deltoid; 1p  
10/24  
03:02 Follow up: Response: No adverse reaction 1p  
10/24  
02:45 Drug: Lidocaine (1 %) 10 mL {Note: administered by Dr. Limaylla. } Route: Infiltration; as2  
10/24  
02:48 Drug: TORadol 10 mg Route: PO; 1p  
10/24  
03:01 Follow up: Response: No adverse reaction 1p

**Outcome:**

10/24  
02:51 Discharge ordered by MD. 11  
10/24  
03:02 Discharge Assessment: vital signs assessed, Skin Assessment completed. N/A Patient discharged. patient awake and alert no apparent distress 1p  
03:02 Discharge instructions given to patient, police, Instructed on discharge instructions, follow up and referral plans. medication usage, Demonstrated understanding of instructions, medications, Prescriptions given X 1  
03:02 Discharged to home ambulatory, with police  
03:02 Braden Scale-Adult not applicable, the patient was discharged.  
10/24  
03:04 Patient left the ED. 1p

**Signatures:**

Limaylla, Lucy, MD MD 11  
Picou, Laurie, RN RN 1p  
Powell, Lakisha 1p1  
Stovall, April as2

\*\*\*\*\*

**Physician Documentation**

Merit Health Rankin

Emergency Services

Name: Hobson, Mitchell

Age: 38 yrs

Sex: Male

DOB: 01/12/1980

MRN: 0000169551

Arrival Date: 10/24/2018

Time: 01:54

Account#: 5502480

Bed ER Q2

Private MD:

ED Physician Limaylla, Lucy

Disposition:

10/24

02:49 Electronically signed by: Limaylla, Lucy, MD.

11

**Disposition Summary:**10/24 Discharged to Home/Self Care. MSE Completed. Impression: 1.- FACIAL  
CONTUSION. 2.- RIGHT EYEBROW LACERATION. 3.- LEFT SHOULDER  
CONTUSION. 4.- LEFT HIP PAIN.

02:51

11

- Condition is Stable.
- Discharge Instructions: Facial Laceration.
- Prescriptions for ketorolac 10 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours not to exceed 40 mg in 24hrs; 15 tablet.
- Medication Reconciliation Form form.
- Follow up: Private Physician; when: 2 - 3 days; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms have improved.

**HPI:**

10/24

02:02 This 38 yrs old Black Male presents to ER via Walk-in with  
complaints of Laceration To Forehead.

11

10/24

02:12 The patient has a laceration related to: fighting, occurred on a  
street or driveway, and there are no complicating factors. The  
laceration(s) is(are) located on the outer aspect of right eyebrow.

11

10/24

02:14 Onset: The symptoms/episode began/occurred just prior to arrival.  
Associated signs and symptoms: Pertinent positives: left shoulder  
pain, left femur pain. The patient has not experienced similar  
symptoms in the past. The patient has not recently seen a  
physician. PT SAID HE WAS ON AN ALTERCATION, HE DOES NOT KNOW WHO  
HIT HIM OR HOW, HE HAS HEMATOMA IN FOREHEAD, LACERATION IN RIGHT  
EYEBROW AND HE HAS PAIN IN LEFT SHOULDER AND IN LEFT THIGH, O LOC.**Historical:**

- Allergies: No known drug Allergies;
- Home Meds:
  - 1. None
- History obtained from: patient. police.
- Immunization history: Last tetanus immunization: unknown  
Pneumococcal vaccine is not up to date, Patient has never been  
vaccinated, Flu vaccine is not up to date, Patient has never been

vaccinated.

- Family history: Not pertinent.
- Social history: : No barriers to communication noted. The patient speaks fluent English. Smoking Status: Patient uses tobacco products, smokes 1/2 pack of cigarettes per day.
- Social history: Smoking Status: Patient uses tobacco products, smokes 1/2 pack of cigarettes per day.

ROS:

10/24

02:15 Constitutional: Negative for fever, chills, and weight loss, Neck: 11 Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. All other systems are reviewed and negative. MS/extremity: Positive for contusion, pain, of the left quadriceps, LEFT SHOULDER, Skin: Positive for laceration(s), of the outer aspect of right eyebrow. Neuro: Positive for headache.

Exam:

10/24

02:16 Constitutional: The patient appears in no acute distress. 11  
02:16 Head/face: Noted is contusion, that is superficial, of the forehead, hematoma, that is mild, of the forehead and right cheek.  
02:16 Eyes: Periorbital structures: appear normal, Pupils: equal, round, and reactive to light and accomodation, Extraocular movements: intact throughout.  
02:16 Neck: External neck: is normal, ROM/movement: is normal, is supple.  
02:16 Cardiovascular: Rate: normal, Rhythm: regular, Pulses: no pulse deficits are appreciated, Heart sounds: normal, no murmur, no rub.  
02:16 Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, symmetrical, no tachypnea, Breath sounds: are normal, clear throughout.  
02:16 Abdomen/GI: Inspection: abdomen appears normal, Bowel sounds: normal, Palpation: abdomen is soft and non-tender, in all quadrants.  
02:16 Skin: injury, that can be described as clean, linear, with mild bleeding.  
02:16 Musculoskeletal/extremity: Extremities: noted in the anterior aspect of left shoulder: decreased ROM, pain, noted in the left quadriceps: pain, ROM: limited active range of motion due to pain, in the left arm, Circulation is intact in all extremities, sensation intact. Compartment Syndrome exam of affected extremity: is normal.  
02:16 Neuro: Orientation: is normal, Mentation: is normal, Cranial nerves: grossly normal, Motor: is normal.

Vital Signs:

10/24

02:07 Resp 18; Pulse Ox 100% on R/A;

1p

10/24

02:11 BP 150 / 86; Pulse 94; Temp 98.2;

1p

Laceration:

10/24

02:18 Wound Repair of 2cm ( 0.8in ) subcutaneous laceration to outer aspect of right eyebrow. Linear shaped.. Distal neuro/vascular/tendon intact. Anesthesia: wound infiltrated with 5 mls of 1% lidocaine. Wound prep: Simple cleansing with betadine.

11

Skin closed with 5 5-0 Ethilon using Interrupted sutures. Dressed with Bacitracin. Patient tolerated well.

MDM:

10/24

02:01 Patient medically screened. 11

10/24

02:48 Differential diagnosis: superficial laceration, tendon injury, vascular injury. Data reviewed: vital signs, nurses notes, radiologic studies, CT scan, plain films. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up, a family practitioner. Response to treatment: There is no appreciated change of the patient's symptoms at this time. 11

10/24

02:49 Test interpretation: by ED physician or midlevel provider: plain radiologic studies, NO FRACTURES IN LEFT FEMUR AOR IN LEFT SHOULDER X RAY. CT HEAD NO BLEEDING. 11

10/24

02:12 Order name: CT Head WO Contrast 11

10/24

02:12 Order name: Shoulder 11

10/24

02:12 Order name: Femur 11

Dispensed Medications:

10/24

02:13 CANCELLED (Physician Discretion): ADACel 0.5 ml IM once; indicated for adults and teenagers 11 to 64 years of age 11

10/24

02:45 Drug: Tetanus-Diphtheria Toxoid Adult 0.5 ml {Manufacturer: Mass Biologic. Exp: 12/20/2020. Lot #: A113A. } Route: IM; Site: left deltoid; 1p

10/24

03:02 Follow up: Response: No adverse reaction 1p

10/24

02:45 Drug: Lidocaine (1 %) 10 ml {Note: administered by Dr. Limaylla.} Route: Infiltration; as2

10/24

02:48 Drug: TORadol 10 mg Route: PO; 1p

10/24

03:01 Follow up: Response: No adverse reaction 1p

Signatures:

Dispatcher MedHost

EDMS

Limaylla, Lucy, MD

MD 11

Picou, Laurie, RN

RN 1p

Stovall, April

as2

Corrections: (The following items were deleted from the chart)

10/24

02:13 10/24 02:12 ADACel 0.5 ml IM once; indicated for adults and teenagers 11 to 64 years of age ordered. 11

11

10/24

02:51 10/24 02:51 10/24/2018 02:51 Discharged to Home/Self Care. MSE Completed. Impression: 1.- FACIAL CONTUSION, 2.- RIGHT EYEBROW

11

LACERATION. 3.- LEFT SHOULDER CONTUSION. 4.- LEFT HIP PAIN.  
Condition is Stable. Discharge Instructions: Medication  
Reconciliation Form. Follow up: Private Physician; When: 2 - 3  
days; Reason: Recheck today's complaints. Problem is new. Symptoms  
have improved. 11

10/24

02:51 10/24 02:51 10/24/2018 02:51 Discharged to Home/Self Care. MSE  
Completed. Impression: 1.- FACIAL CONTUSION. 2.- RIGHT EYEBROW  
LACERATION. 3.- LEFT SHOULDER CONTUSION. 4.- LEFT HIP PAIN.  
Condition is Stable. Discharge Instructions: Medication  
Reconciliation Form, Facial Laceration. Follow up: Private  
Physician; when: 2 - 3 days; Reason: Recheck today's complaints.  
Problem is new. Symptoms have improved. 11

11

\*\*\*\*\*

**Discharge Summary**

Merit Health Rankin

Name: Mitchell Hobson

Emergency Department

Age: 38 yrs

Sex: Male

DOB: 01/12/1980

MRN: 0000169551

Arrival: 10/24/2018

01:54

Account#: 5502480

Departure Date: 10/24/2018

Departure Time: 03:04

Private MD:

Outcome: Discharge

Location: Home/Self Care. MSE Completed

Condition: Stable

Chief Complaint: Laceration To Forehead

Diagnosis: - 1.- FACIAL CONTUSION. 2.- RIGHT EYEBROW LACERATION.

3.- LEFT SHOULDER CONTUSION. 4.- LEFT HIP PAIN

Prescriptions: ketorolac 10 mg Oral Tablet - take 1 tablet by ORAL route every 8 hours not to exceed 40 mg in 24hrs; 15 tablet

Custom Notes:

Attending Physician: Limaylla, Lucy, MD

Private MD:

Mid Level Provider:

Orders: CT Head WO Contrast, Shoulder, Femur, ADACel, Tetanus-Diphtheria Toxoid, Lidocaine, TORadol

Discharge Instruction: Discharge Summary Sheet, Facial Laceration, Medication Reconciliation Form

\*\*\*\*\*

**Order Summary**

Name: Hobson, Mitchell

MRN: 0000169551

38 yrs

/ Black

/ Male

Arrival: 10/24/2018

01:54

Chief Complaint: Laceration To Forehead

Departure Date 10/24/2018

Departure Time 03:04

Orders:

Medication

Order: TORadol 10 mg PO once; Ordered: 10/24 02:48; By: 11; For: 11; Administered: 10/24 02:48 By: lp; Frequency: once; Order Method: Electronic Administration: TORadol 10 mg PO Follow Up: 10/24 03:01 Response: No adverse reaction

Order: Lidocaine (1 %) 10 ml Infiltration once; to bedside; Ordered: 10/24 02:19; By: 11; For: 11; Administered: 10/24 02:45 By: as2; Frequency: once; Order Method: Electronic Administration: Lidocaine (1 %) 10 ml Infiltration

Order: Tetanus-Diphtheria Toxoid Adult 0.5 ml IM once; Ordered: 10/24 02:14; By: 11; For: 11; Administered: 10/24 02:45 By: lp; Frequency: once; Order Method: Electronic Administration: Tetanus-Diphtheria Toxoid Adult 0.5 ml IM in left deltoid - Manufacturer: Mass Biologic. Lot#: A113A. Exp: 12/20/2020. Follow Up: 10/24 03:02 Response: No adverse reaction

Order: ADACel 0.5 ml IM once; indicated for adults and teenagers 11 to 64 years of age; Ordered: 10/24 02:12; By: 11; For: 11 Canceled 10/24/18 02:13 Lucy, Limayilla; Frequency: once; Order Method: Electronic; Reason for Cancellation: Physician Discretion

Radiology

Order: CT Head WO Contrast; Ordered: 10/24 02:12; By: 11; For: 11; Returned: 10/24 08:49; By: EDMS; Notes: Bed Name: ER 02; Order Method: Electronic

Order: Shoulder; Ordered: 10/24 02:12; By: 11; For: 11; Returned: 10/24 08:18; By: EDMS; Notes: Bed Name: ER 02; Order Method: Electronic

Order: Femur; Ordered: 10/24 02:12; By: 11; For: 11; Returned: 10/24 08:18; By: EDMS; Notes: Bed Name: ER 02; Order Method: Electronic

**Order Signatures:**

Limayilla, Lucy, MD, MD, 11;

\*\*\*\*\*

Coid:837  
Page:1

**Radiology Results**  
**MERIT HEALTH RANKIN**  
**350 CROSSGATES BLVD**  
**BRANDON MS 39042**

**RADIOLOGY TEST INFORMATION**

Type/source: RAD CT HEAD W/O CONTRAST Order #: 15797457 Account: 5502480  
Medical Record Number: 0000169551 DOB: 01/12/1980 Gender: MALE  
Status: F 08:48 Order Date: 10/24/2018 Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018 Order Time: 02:12 Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M

Signature: SMITH, NORWOOD M

**RESULT TEXT**

LACERATION TO EYEBROW

Reason;Swelling;Trauma; Bed Name: ER O2

Procedure Acknowledge Date: 10/24/2018 02:21 AM

Clinical Information: Reason;Swelling;Trauma; Bed Name: ER O2

EXAM: CT head without contrast

COMPARISON: No priors.

FINDINGS: The ventricles are normal in size and configuration. No intracranial mass, acute intracranial hemorrhage, or abnormal extra-axial fluid collection is identified. There is no evidence of acute infarct, although MRI is more sensitive. The calvarium is intact. Frontal scalp swelling is noted.

IMPRESSION: No acute intracranial abnormality is identified.

This CT exam was performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of mA and/or KV according to patient size, and/or use of iterative reconstruction technique.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:48 AM

DT: 10/24/2018 08:47 AM Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:48 AM Signed By: SMITH, NORWOOD M. MD

Radiology Results  
MERIT HEALTH RANKIN  
350 CROSSGATES BLVD  
BRANDON MS 39042

RADIOLOGY TEST INFORMATION

Type/source: RAD CT HEAD W/O CONTRAST Order #: 15797457 Account: 5502480  
Medical Record Number: 0000169551 DOB: 01/12/1980 Gender: MALE  
Status: F 08:48 Order Date: 10/24/2018 Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018 Order Time: 02:12 Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M

Signature: SMITH, NORWOOD M

RESULT TEXT

LACERATION TO EYEBROW

Reason;Swelling;Trauma; Bed Name: ER 02

Procedure Acknowledge Date: 10/24/2018 02:21 AM

Clinical Information: Reason;Swelling;Trauma; Bed Name: ER 02

EXAM: CT head without contrast

COMPARISON: No priors.

FINDINGS: The ventricles are normal in size and configuration. No intracranial mass, acute intracranial hemorrhage, or abnormal extra-axial fluid collection is identified. There is no evidence of acute infarct, although MRI is more sensitive. The calvarium is intact. Frontal scalp swelling is noted.

IMPRESSION: No acute intracranial abnormality is identified.

This CT exam was performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of mA and/or KV according to patient size, and/or use of iterative reconstruction technique.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:48 AM

DT: 10/24/2018 08:47 AM Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:48 AM Signed By: SMITH, NORWOOD M. MD

**Radiology Results**  
MERIT HEALTH RANKIN  
350 CROSSGATES BLVD  
BRANDON MS 39042

Coid: 837  
Page: 1

## RADIOLOGY TEST INFORMATION

Type/source: RAD UE-SHLDR 2VW PLUS D Order #: 15797458 Account: 5502480  
Medical Record Number: 0000169551 DOB: 01/12/1980 Gender: MALE  
Status: F 08:17 Order Date: 10/24/2018 Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018 Order Time: 02:12 Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M

Signature: SMITH, NORWOOD M

## RESULT TEXT

LACERATION TO EYEBROW

Reason; Pain; Bed Name: ER 02

Procedure Acknowledge Date: 10/24/2018 02:35 AM

Clinical Information: Reason; Pain; Bed Name: ER 02

LT SHOULDER 2 V MIN

FINDINGS: No acute osseous or articular abnormality is demonstrated.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:17 AM

DT: 10/24/2018 08:16 AM Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:17 AM Signed By: SMITH, NORWOOD M. MD

-----

Radiology Results  
MERIT HEALTH RANKIN  
350 CROSSGATES BLVD  
BRANDON MS 39042

RADIOLOGY TEST INFORMATION

Type/source: RAD UE-SHLDR 2VW PLUS D Order #: 15797458 Account: 5502480  
Medical Record Number: 0000169551 DOB: 01/12/1980 Gender: MALE  
Status: F 08:17 Order Date: 10/24/2018 Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018 Order Time: 02:12 Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M Signature: SMITH, NORWOOD M

RESULT TEXT

LACERATION TO EYEBROW

Reason; Pain; Bed Name: ER 02

Procedure Acknowledge Date: 10/24/2018 02:35 AM

Clinical Information: Reason; Pain; Bed Name: ER 02

LT SHOULDER 2 V MIN

FINDINGS: No acute osseous or articular abnormality is demonstrated.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:17 AM

DT: 10/24/2018 08:16 AM Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:17 AM Signed By: SMITH, NORWOOD M. MD

-----

Code: 837  
Page: 1

**Radiology Results**  
**MERIT HEALTH RANKIN**  
**350 CROSSGATES BLVD**  
**BRANDON MS 39042**

**RADIOLOGY TEST INFORMATION**

Type/source: RAD LE-FEMUR 2V DR      Order #: 15797459      Account: 5502480  
Medical Record Number: 0000169551      DOB: 01/12/1980      Gender: MALE  
Status: F      08:16      Order Date: 10/24/2018      Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018      Order Time: 02:12      Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M

Signature: SMITH, NORWOOD M

**RESULT TEXT**

LACERATION TO EYEBROW

Reason; Pain; Bed Name: ER 02

Procedure Acknowledge Date: 10/24/2018 02:35 AM

Clinical Information: Reason; Pain; Bed Name: ER 02

LT FEMUR 2 views

FINDINGS: Fragmented appearance of the superolateral acetabular margin is a chronic finding compared with CT scan from 2014. No acute fracture or other focal osseous abnormality of the left femur is demonstrated.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:16 AM

DT: 10/24/2018 08:13 AM      Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:16 AM      Signed By: SMITH, NORWOOD M. MD

-----

Coid: 837  
Page: 1

**Radiology Results**  
**MERIT HEALTH RANKIN**  
**350 CROSSGATES BLVD**  
**BRANDON MS 39042**

**RADIOLOGY TEST INFORMATION**

Type/source: RAD LE-FEMUR 2V DR      Order #: 15797459      Account: 5502480  
Medical Record Number: 0000169551      DOB: 01/12/1980      Gender: MALE  
Status: F      08:16      Order Date: 10/24/2018      Patient Name: HOBSON, MITCHELL  
Result Date/Time: 10/24/2018      Order Time: 02:12      Admit Date: 10/24/2018

PHYSICIANS Dictating: SMITH, NORWOOD M      Signature: SMITH, NORWOOD M

**RESULT TEXT**

LACERATION TO EYEBROW

Reason;Pain; Bed Name: ER 02

Procedure Acknowledge Date: 10/24/2018 02:35 AM

Clinical Information: Reason;Pain; Bed Name: ER 02

LT FEMUR 2 views

FINDINGS: Fragmented appearance of the superolateral acetabular margin is a chronic finding compared with CT scan from 2014. No acute fracture or other focal osseous abnormality of the left femur is demonstrated.

Electronically signed by: Dr Norwood Smith MD on 10/24/2018 8:16 AM

DT: 10/24/2018 08:13 AM      Dictated By: SMITH, NORWOOD M. MD  
DF: 10/24/2018 08:16 AM      Signed By: SMITH, NORWOOD M. MD

-----

Mitchell Hobson  
MRN: 0000169551  
ACCT: 5502480

## Merit Health Rankin

350 Crossgates Boulevard  
Brandon, MS 39042  
601-824-8500

**Discharge Instructions for:**

**Hobson, Mitchell**  
**Wednesday, October 24, 2018**

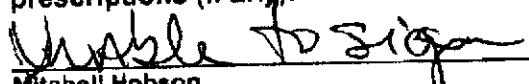
Thank you for choosing Merit Health Rankin for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

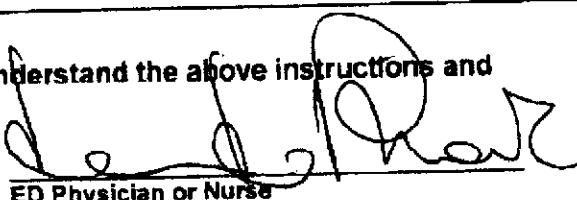
**Care provided by:** Limaylla, Lucy, MD

**Diagnosis:** 1.- FACIAL CONTUSION. 2.- RIGHT EYEBROW LACERATION. 3.- LEFT SHOULDER CONTUSION. 4.- LEFT HIP PAIN

DISCHARGE INSTRUCTIONS	FORMS
Facial Laceration	Medication Reconciliation Form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 - 3 days; Reason: Recheck today's complaints	ketorolac
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

  
Mitchell Hobson  
MRN # 0000169551

  
ED Physician or Nurse

### X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

### MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**Chart Copy**

Mitchell Hobson  
MRN: 0000169551  
ACCT: 5502480

**FOLLOW UP INSTRUCTIONS**

Private Physician

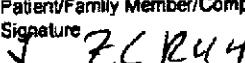
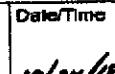
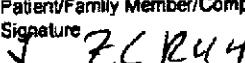
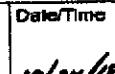
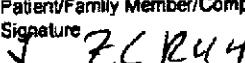
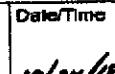
When: 2 - 3 days

Reason: Recheck today's complaints

**PRESCRIPTIONS**

### Notice of Communication Accessibility Services

\*ADM\*

<p>Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to Registration Clerk or your Nurse.</p> <p>All of the communication accessibility aids and/or services that you need are free of charge to you.</p> <p><b>Do you think you need any of the following aids and/or services?</b></p>																																											
<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>American Sign Language interpreter</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Oral interpreter</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>TTY/TDD</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Hearing-aid compatible telephone receiver with volume control</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Television closed captioning</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Written/printed materials in Braille (if available). Other alternatives will be made available to accommodate individuals who are blind or have limited vision.</td> <td style="text-align: center;">✓</td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="3">Additional aids and/or services may be available. Please list any other ways we may better communicate with you:</td> </tr> <tr> <td colspan="3"> <p>*Please note that some aids or services will only be necessary in certain situations.</p> <p>I understand that this healthcare facility will not pay for any aids and/or services that I choose to provide on my own</p> <p>I also understand that I can change my mind at any time and request that this healthcare facility provide aids and/or services at no charge to me.</p> </td> </tr> <tr> <td colspan="2"> <p>Primary Spoken Language: <u>English</u></p> <p>Patient's preferred language for discussing healthcare: <u>English</u></p> <p>Interpreter services are available 24 hours per day.</p> <p>Some Limited English Proficiency (LEP) persons may prefer or request to use a family member or friend as an interpreter. However, family members of friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made. Such an offer and the response will be documented in the patient's medical record. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services using the applicable CryaCorn services will be provided to the LEP person.</p> <p>Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.</p> </td> </tr> <tr> <td colspan="2"> <p>This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-601-376-1000 (TTY: 1-888-341-2355).</p> <p>Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-601-376-1000 (TTY: 1-888-341-2355).</p> </td> </tr> <tr> <td colspan="2"> <p>Nhà cung cấp này tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.</p> <p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-601-376-1000 (TTY: 1-888-341-2355).</p> </td> </tr> <tr> <td>Patient/Family Member/Companion Signature </td> <td>Date/Time  1:54</td> </tr> <tr> <td>Signature of person, if any, who filled out this form on behalf of the patient, family member, or companion</td> <td>Date/Time</td> </tr> <tr> <td>Witness </td> <td>Date/Time  1:54</td> </tr> </tbody></table>			YES	NO	American Sign Language interpreter	✓		Oral interpreter	✓		TTY/TDD	✓		Hearing-aid compatible telephone receiver with volume control	✓		Television closed captioning	✓		Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)	✓		Written/printed materials in Braille (if available). Other alternatives will be made available to accommodate individuals who are blind or have limited vision.	✓		Additional aids and/or services may be available. Please list any other ways we may better communicate with you:			<p>*Please note that some aids or services will only be necessary in certain situations.</p> <p>I understand that this healthcare facility will not pay for any aids and/or services that I choose to provide on my own</p> <p>I also understand that I can change my mind at any time and request that this healthcare facility provide aids and/or services at no charge to me.</p>			<p>Primary Spoken Language: <u>English</u></p> <p>Patient's preferred language for discussing healthcare: <u>English</u></p> <p>Interpreter services are available 24 hours per day.</p> <p>Some Limited English Proficiency (LEP) persons may prefer or request to use a family member or friend as an interpreter. However, family members of friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made. Such an offer and the response will be documented in the patient's medical record. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services using the applicable CryaCorn services will be provided to the LEP person.</p> <p>Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.</p>		<p>This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-601-376-1000 (TTY: 1-888-341-2355).</p> <p>Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-601-376-1000 (TTY: 1-888-341-2355).</p>		<p>Nhà cung cấp này tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.</p> <p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-601-376-1000 (TTY: 1-888-341-2355).</p>		Patient/Family Member/Companion Signature 	Date/Time  1:54	Signature of person, if any, who filled out this form on behalf of the patient, family member, or companion	Date/Time	Witness 	Date/Time  1:54
	YES	NO																																									
American Sign Language interpreter	✓																																										
Oral interpreter	✓																																										
TTY/TDD	✓																																										
Hearing-aid compatible telephone receiver with volume control	✓																																										
Television closed captioning	✓																																										
Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)	✓																																										
Written/printed materials in Braille (if available). Other alternatives will be made available to accommodate individuals who are blind or have limited vision.	✓																																										
Additional aids and/or services may be available. Please list any other ways we may better communicate with you:																																											
<p>*Please note that some aids or services will only be necessary in certain situations.</p> <p>I understand that this healthcare facility will not pay for any aids and/or services that I choose to provide on my own</p> <p>I also understand that I can change my mind at any time and request that this healthcare facility provide aids and/or services at no charge to me.</p>																																											
<p>Primary Spoken Language: <u>English</u></p> <p>Patient's preferred language for discussing healthcare: <u>English</u></p> <p>Interpreter services are available 24 hours per day.</p> <p>Some Limited English Proficiency (LEP) persons may prefer or request to use a family member or friend as an interpreter. However, family members of friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made. Such an offer and the response will be documented in the patient's medical record. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services using the applicable CryaCorn services will be provided to the LEP person.</p> <p>Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.</p>																																											
<p>This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</p> <p>ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-601-376-1000 (TTY: 1-888-341-2355).</p> <p>Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-601-376-1000 (TTY: 1-888-341-2355).</p>																																											
<p>Nhà cung cấp này tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.</p> <p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-601-376-1000 (TTY: 1-888-341-2355).</p>																																											
Patient/Family Member/Companion Signature 	Date/Time  1:54																																										
Signature of person, if any, who filled out this form on behalf of the patient, family member, or companion	Date/Time																																										
Witness 	Date/Time  1:54																																										

Notice of Communication Accessibility Services - MS  
ADM-2810HMS-MS  
03/15 (Rev. 08/16, 09/16, 11/16, 03/17)

Page 1 of 1

MERIT HEALTH RANKIN

**HOBSON, MITCHELL 0000**DOB: 01/12/1980 38 M 2 S MR#:0000169551  
LIMAYLLA, LUCY M DOS:10/24/2018

Patient Account#: 5502480

Printed on 10/24/18 at 01:54



### AGREEMENT TO REMAIN ON THE PATIENT CARE UNIT

In accordance with our continuing commitment to patient safety, Merit Health Rankin Hospital has established a tobacco-free environment. We also require patients to remain in their rooms or on their patient care unit unless accompanied by an available staff member.

**Tobacco will not be allowed by anyone (patients, visitors, employees, or physicians) anywhere on the hospital premises. This includes patient rooms, restrooms, waiting areas, and the grounds outside the hospital including vehicles. Patients are also not allowed to go outside the hospital building, including the breezeway, parking lot, gazebo, walking track or any buildings adjacent to the hospital unless accompanied by an available staff member. This includes the patient's own vehicle.**

Visitors in violation of the tobacco-free environment will be asked to leave the facility, and may be escorted out by Security or the Brandon Police Department, if necessary.

Upon admission, patients should leave/send all tobacco materials home or give them to the Nursing staff for safe-keeping. The items will be returned to the patient upon discharge. Patients are not to keep any tobacco items in their rooms. This includes, but is not limited to cigarettes, e-cigarettes, vaping devices, chewing tobacco, snuff, cigars, pipes, lighters and matches.

Information concerning the health hazards of smoking/tobacco use, smoking/tobacco cessation, and nicotine addiction is provided in the patient admission packet. Smoking/tobacco cessation aids such as patches, etc. may be prescribed by individual physicians in consideration of individual health concerns.

Should a patient violate any terms of this agreement, the physician and Security will be notified. Security will issue a written warning and confiscate all tobacco materials, which should be returned to the patient at time of discharge. The patient, if medically stable, could possibly be discharged from the facility.

**SIGNATURE INDICATES I HAVE READ, UNDERSTAND AND ACCEPT CONDITIONS OF THE ABOVE AGREEMENT. I FURTHER AGREE TO HOLD HARMLESS BRANDON HMA, LLC AND MERIT HEALTH RANKIN, THE STAFF AND THE PHYSICIANS, FOR ANY INJURIES SUFFERED BY ME OR ANY OTHER PERSON SHOULD I VIOLATE THIS AGREEMENT AND INJURY IS CAUSED AS A RESULT OF THE VIOLATION.**

Patient's Signature or Legal Representative  <i>ZC R44</i>			Date/Time <i>10/24/18 1:54</i>
Relationship to Patient  <i>X</i>		Interpreter, If Utilized	Date/Time
Witness Signature  <i>LRP</i>	Date/Time  <i>10/24/18 1:54</i>	If Telephone Consent, Second Witness Signature	Date/Time
No Tobacco Agreement 1437-NS-6115HMS	06/17	Patient Label  MERIT HEALTH RANKIN <b>HOBSON MITCHELL</b> DOB: 01/12/1980 38 M ER MRN: 0000 69551 LUCY LIMAYLLA DOS: 10/24/2018	
Page 1 of 1		Patient Account #: 5502480 Printed on 10/24/18 at 1:54	
MERIT HEALTH RANKIN			

## Notice of Communication Accessibility Services

Our staff wants to communicate effectively with you and your family members. Please fill out this page and return it to Registration Clerk or your Nurse.

All of the communication accessibility aids and/or services that you need are **free of charge to you**.

Do you think you need any of the following aids and/or services?"

American Sign Language Interpreter

--	--

Oral Interpreter

--	--

TTY/TDD

--	--

Hearing aid compatible telephone receiver with volume control

--	--

Television closed captioning

--	--

Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)

--	--

Written/printed materials in Braille (if available). Other alternatives will be made available to accommodate individuals who are blind or have limited vision.

--	--

Additional aids and/or services may be available. Please list any other ways we may better communicate with you.

\*Please note that some aids or services will only be necessary in certain situations.

I understand that this healthcare facility will not pay for any aids and/or services that I choose to provide on my own. I also understand that I can change my mind at any time and request that this healthcare facility provide aids and/or services at no charge to me.

Primary Spoken Language: English

Patient's preferred language for discussing healthcare: English

Interpreter services are available 24 hours per day.

Some Limited English Proficiency (LEP) persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made. Such an offer and the response will be documented in the patient's medical record. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services using the applicable CyraCom services will be provided to the LEP person.

Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of interpretation and accurate communication.

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-601-376-1000 (TTY: 1-888-341-2355).

Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivo de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-601-376-1000 (TTY: 1-888-341-2355).

Nhà cung cấp này tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc,

màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-601-376-1000

(TTY: 1-888-341-2355).

Patient/Family Member/Companion

Date/Time

Signature

*EL RAY*

Date/Time

Signature of person, if any, who filled out this form  
on behalf of the patient, family member, or companion

Date/Time

Witness

Date/Time

*CRS*

Date/Time

Notice of Communication Accessibility  
Services - MS

ADM-2610HMS-MS

03/15 (Rev. 08/16, 09/16, 11/16, 03/17)

Page 1 of 1

MERIT HEALTH FRANKIN

**HOBSON, MITCHELL 0000**

DOB: 01/12/1980 38 M 2 S MRN:000189551

LIMAYILLA LUCY M DOS:10/31/2018



Patient Account #: 5502480

Printed: 04/15/18 10:24:18 at 0:54

<b>AGREEMENT TO REMAIN ON THE PATIENT CARE UNIT</b>			
<p>In accordance with our continuing commitment to patient safety, Merit Health Rankin Hospital has established a tobacco-free environment. We also require patients to remain in their rooms or on their patient care unit unless accompanied by an available staff member.</p> <p><b>Tobacco will not be allowed by anyone (patients, visitors, employees, or physicians) anywhere on the hospital premises.</b> This includes patient rooms, restrooms, waiting areas, and the grounds outside the hospital including vehicles. Patients are also not allowed to go outside the hospital building, including the breezeway, parking lot, gazebo, walking track or any buildings adjacent to the hospital unless accompanied by an available staff member. This includes the patient's own vehicle.</p> <p>Visitors in violation of the tobacco-free environment will be asked to leave the facility, and may be escorted out by Security or the Brandon Police Department, if necessary.</p> <p>Upon admission, patients should leave/send all tobacco materials home or give them to the nursing staff for safe keeping. The items will be returned to the patient upon discharge. Patients are not to keep any tobacco items in their rooms. This includes, but is not limited to cigarettes, e-cigarettes, vaping devices, chewing tobacco, snuff, cigars, pipes, lighters and matches.</p> <p>Information concerning the health hazards of smoking/tobacco use, smoking/tobacco cessation, and nicotine addiction is provided in the patient admission packet. Smoking/tobacco cessation aids such as patches, etc. may be prescribed by individual physicians in consideration of individual health concerns.</p> <p>Should a patient violate any terms of this agreement, the physician and Security will be notified. Security will issue a written warning and confiscate all tobacco materials, which should be returned to the patient at time of discharge. The patient, if medically stable, could possibly be discharged from the facility.</p> <p><b>SIGNATURE INDICATES I HAVE READ, UNDERSTAND AND ACCEPT CONDITIONS OF THE ABOVE AGREEMENT. I FURTHER AGREE TO HOLD HARMLESS BRANDON HMA, LLC AND MERIT HEALTH RANKIN, THE STAFF AND THE PHYSICIANS, FOR ANY INJURIES SUFFERED BY ME OR ANOTHER PERSON SHOULD I VIOLATE THIS AGREEMENT AND INJURY IS CAUSED AS A RESULT OF THE VIOLATION.</b></p>			
Patient's Signature <i>[Signature]</i>	Date/Time 04/15/25 1:24	Witness Signature <i>[Signature]</i>	Date/Time 04/15/25 1:24
Relationship to Patient X	Interpreter Utilized	Telephone Consent Second Witness Signature	Date/Time
Witness Signature <i>[Signature]</i>	Date/Time 04/15/25 1:24		
<b>No Tobacco Agreement</b> 1437-NS-611SHMS      06/17      Page 1 of 1		Patient ID: <b>MERIT HEALTH RANKIN HOBSON, MITCHELL</b> MRN: 0000169551 DOB: 01/27/1960    35 M ER    DOD: 10/24/2011  Patient Account #: 5502480      Printed on: 10/24/2024	
MERIT HEALTH RANKIN 1437 North State Street, Suite 100 Brandon, MS 39042-2200 (662) 269-1111			



'COA'

### **1. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES:**

I consent to treatment / admission to the Facility. I permit the Facility and its employees, physicians, fellows, residents, interns, and others involved in my care to treat me in ways they judge to be beneficial to me. I have a right to ask questions and to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests.

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when health care personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments given by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or given by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or intern(s).

I have been informed of the treatment/procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by a physician or one or more additional physicians, fellows, residents, interns, and employees of the Facility, who may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment. I agree and understand that all individuals involved in my care are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for their acts or omissions. Services may be performed by independent contractors who are not employed by the Facility. I am aware the practice of medicine is not an exact science and understand that no guarantee has been or can be made for the results of treatments, care or examinations in the Facility.

I consent to the photographing, videotaping and/or video monitoring, of appropriate portions of my body, for medical and medical record documentation purposes, as long as such photographs or videotapes are maintained and released in accordance with protected health information regulations.

I consent to virtual health/telemedicine services as part of my treatment. I understand that "virtual health" or telemedicine services include the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand that medical, nursing, and other authorized health care providers in training may be observing and participating actively in my care under the supervision of authorized personnel. I give my consent to such observations and/or participation.

### **2. ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY:**

I assign and authorize payment directly to the Facility, and to any Facility-based physician, all insurance benefits, sick benefits, injury benefits, or proceeds of claims resulting from the liability of a third party unless my account is paid in full when I am discharged or finish my outpatient care. If I am eligible for Medicare, I request Medicare services and benefits. I agree this assignment will not be withdrawn until my account is paid in full. I understand I am responsible to pay any account balance not covered by my insurance company in accordance with the regular rates and terms of the Facility.

If I do not make payments when due and the account is turned over for collection, I agree to pay all collection agency fees, court costs and attorneys' fees. I also agree that any patient or guarantor overpayments may be applied directly to past due account. I consent for the Facility to work on my behalf with my insurance company/companies to get authorization or appeal any denial for reimbursement, coverage, or payment for services or care provided to me.

✓ 8C R4U Initials

(continued on page 2)

Inpatient / Outpatient Conditions of Admission  
and Consent to Medical Treatment  
ADM-1703GHMS Page 1 of 3  
(Rev. 05/12, 08/13, 03/14, 06/15, 11/15, 01/16, 06/16, 01/17, 11/17, 2/18)  
ORIGINAL-Medical Record COPY-Recipient

MERIT HEALTH RANKIN  
**HOBSON, MITCHELL 0000**  
DOB: 01/12/1980 38 M 2 S MR# 0000169551  
LIMAYILLA, LUCY M DOS: 10/24/2018



Patient Account#: 5502480

Printed on 10/24/18 at 01:54

(continued from page 1)

**3. NURSING CARE:**

The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and me at my expense. I release Facility from any and all liability arising from the fact that I am not provided private nursing care.

**4. EMTALA:**

The Facility must treat medical emergencies regardless of my ability to pay. If I or my guarantor have a medical emergency or if I am a pregnant woman in labor, I have the right to receive, within the capabilities of this Hospital's staff and facilities, an appropriate medical screening exam, stabilizing treatment, and, if medically necessary, an appropriate transfer to another hospital, even if I cannot pay or do not have medical insurance or am not eligible to receive Medicare or Medicaid.

**5. PERSONAL VALUABLES:**

I understand that the Facility is not liable for the loss or damage to any articles of personal valuables unless I have given them to the Facility to be put in the safe and been given a receipt by Facility for their safe return. At no time will the Facility be responsible for more than \$500 for my deposited items.

**6. WEAPON / EXPLOSIVES / DRUGS:**

I understand and agree that if the Facility at any time believes there may be a weapon, explosive device, biohazard material, any type of illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Facility may search my room and belongings, confiscate any of the above items that are found, and dispose of them as it determines appropriate, including giving them to law enforcement.

**7. CONSENT TO RELEASE HEALTH INFORMATION:**

I understand this Facility uses an electronic medical record. I understand that the electronic medical record contains information about my health from my past, current and future health care providers. I agree that this health information may be released through the Facility's electronic medical record or by other means (for example, fax, telephone, email, or hand delivery): (1) to the Facility; (2) to my past, current and future health care providers and other health care organizations that provide care to me; (3) to the health insurance company named in my medical record; and (4) to any other person named in my medical record who pays for my treatment. These people may use my health information: (1) to treat me; (2) to get paid for my treatment (for example, billing insurance companies); and (3) to do health care operations activities (for example, managing my care, providing quality care, patient safety activities, and other activities necessary to run the Facility). I understand that these people will have access to all my health information in the medical record, including behavioral health and substance use disorder information (for example, drug and alcohol treatment), my medical history, diagnosis, hospital records, clinic and doctor visit information, medications, allergies, lab test results, radiology reports, sexual and reproductive health information, communicable disease-related information (for example, sexually transmitted diseases), and HIV/AIDS-related information. I understand that I may take back this consent at any time, except if my health information has already been released to someone. I also understand that I may request a list of the health care organizations that have received my substance use disorder information. This consent will expire one year after my death.

(continued on page 3)

X RC RY4 Initials

Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment ADM-1703GHMS (Rev. 05/12, 08/13, 03/14, 06/16, 11/15, 01/16, 06/16, 01/17, 11/17, 2/18) ORIGINAL-Medical Record	MERIT HEALTH RANKIN <b>HOBSON, MITCHELL 0000</b> DOB: 01/12/1980 38 M 2 S MR#:0000169551 LIMAYILLA, LUCY M DOS:10/24/2018
Page 2 of 3	
COPY-Recipient	Patient Account#: 5502480 Printed on 10/24/15 at 01:54

(continued from page 2)

**8. NOTICE OF PRIVACY PRACTICES:**

I have received a copy of the Facility's Notice of Privacy Practices and consent to the use and disclosure of my protected health information as described in the Notice of Privacy Practices. This will include all of my protected health information generated during hospitalization and outpatient treatment at the Facility, including but not limited to treatment for mental health, drug and alcohol abuse, communicable diseases such as HIV/AIDS, developmental disabilities, genetic testing, and other types of treatment received.

**9. RESEARCH STUDIES: Please initial:**

Yes  No Are you currently a participant in any research study or project? If yes, please briefly describe what is being studied (drug, medical device or other) \_\_\_\_\_

Who can the Facility contact with questions about the study? \_\_\_\_\_

**10. CELL PHONES:**

I consent to provide my telephone number(s), including my wireless telephone number(s), so representatives from the Facility, its successors or assigns can contact me in any manner including phone call, automated telephone dialing system or an artificial or prerecorded voice, text, or email, about any matter, including, but not limited to, my medical treatment, prescriptions, insurance eligibility, insurance coverage, scheduling, billing or collection matters. I understand if I incur any cost from being contacted at the telephone number(s) provided to the facility, including not limited to data, roaming, additional minutes or other fees, the facility is not responsible for paying these charges. This consent includes any updated or additional contact information that I may provide. I understand that I will be able to change my preference at any time.

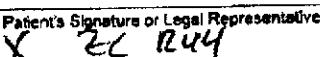
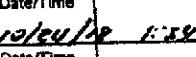
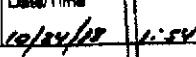
**11. EXTERNAL PHARMACY:**

I consent to the exchange of prescription information between the facility and my pharmacy(ies).

**12. VIDEO TAPING/RECORDING:**

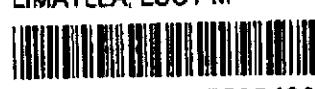
I agree not to photograph, video record, audio record, or otherwise capture imaging or sound on any device. I also understand it is my responsibility to assure my visitors comply with this requirement.

The undersigned certifies that s/he has read (or have had read to me) the foregoing, understands it, accepts its terms, and has received a copy of. I hereby agree to all terms and conditions set forth above and understand that any sections of this consent that I do not consent to, I have struck through and initialed the section that does not have my consent or permission.

Patient's Signature or Legal Representative 		Date/Time 
Relationship to Patient	Interpreter, if Utilized	Date/Time
Witness Signature 	Date/Time 	If Telephone Consent, Second Witness Signature 

Inpatient / Outpatient Conditions of Admission  
and Consent to Medical Treatment  
ADM-1703GHMS  
(Rev. 05/12, 08/13, 03/14, 06/15, 11/15, 01/16, 06/16, 01/17, 1/17, 2/18)  
ORIGINAL-Medical Record COPY-Recipient

MERIT HEALTH RANKIN  
**HOBSON, MITCHELL 0000**  
DOB: 01/12/1980 38 M 2 S MR#: 0000169551  
LIMAYLLA, LUCY M DOS: 10/24/2018



Patient Account#: 5502480

Printed on 10/24/18 at 01:54

## 1. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES

I consent to treatment / admission to the Facility. I permit the Facility and its employees, physicians, fellows, residents, interns, and others involved in my care to treat me in ways they judge to be beneficial to me. I have a right to ask questions and to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests.

I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when health care personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care, and other services or treatments given by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or given by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), residents(s), or intern(s).

I have been informed of the treatment/procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by a physician or one or more additional physicians, fellows, residents, interns, and employees of the Facility, who may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment. I agree and understand that all individuals involved in my care are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for their acts or omissions. Services may be performed by independent contractors who are not employed by the Facility. I am aware the practice of medicine is not an exact science and understand that no guarantee has been or can be made for the results of treatments, care or examinations in the Facility.

I consent to the photographing, videotaping and/or video monitoring, of appropriate portions of my body, for medical and medical record documentation purposes, as long as such photographs or videotapes are maintained and released in accordance with protected health information regulations.

I consent to virtual health/telemedicine services as part of my treatment. I understand that "virtual health" or telemedicine services include the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand that medical, nursing, and other authorized health care providers in training may be observing and participating actively in my care under the supervision of authorized personnel. I give my consent to such observations and/or participation.

## 2. ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY

I assign and authorize payment directly to the Facility, and to any Facility-based physician, all insurance benefits, sick benefits, injury benefits, or proceeds of claims resulting from the liability of a third party unless my account is paid in full when I am discharged or finish my outpatient care. If I am eligible for Medicare, I request Medicare services and benefits. I agree this assignment will not be withdrawn until my account is paid in full. I understand I am responsible to pay any account balance not covered by my insurance company in accordance with the regular rates or terms of the Facility.

If I do not make payments when due and the account is turned over for collection, I agree to pay all collection agency fees, court costs and attorneys fees. I also agree that my patient or guarantor overpayments may be applied directly to past due account. I consent for the Facility to work on my behalf with my insurance company/companies to get authorization or appeal any denial for reimbursement, coverage, or payment for services or care provided to me.

(continued on page 2)

*✓ 8C 4/15/25*

Initials

Inpatient / Outpatient Conditions of Admission  
and Consent to Medical Treatment

AJM-1703GHMS  
Page 1 of 3  
(Rev. 05/12, 08/13, 03/13, 06/15, 11/15, 03/16, 06/16, 01/17, 11/17, 2/18)  
ORIGINAL Medical Record COPY Recipient

MERIT HEALTH RANKIN

**HOBSON, MITCHELL 0000**

DOB: 01/12/1980 38 M 2 S MR# 0000169551

LIMAYILLA, LUCY M DOS: 10/21/2018



Patient Account # 5502480

Printed on 04/16/25 at 01:54

**3. NURSING CARE:**

(continued from page 1)

The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and me at my expense. I release Facility from any and all liability arising from the fact that I am not provided private nursing care.

**4. EMTALA:**

The Facility must treat medical emergencies regardless of my ability to pay. If I or my guarantor have a medical emergency or if I am a pregnant woman in labor, I have the right to receive, within the capabilities of this Hospital's staff and facilities, an appropriate medical screening exam, stabilizing treatment, and, if medically necessary, an appropriate transfer to another hospital, even if I cannot pay or do not have medical insurance or am not eligible to receive Medicare or Medicaid.

**5. PERSONAL VALUABLES:**

I understand that the Facility is not liable for the loss or damage to any articles of personal valuables unless I have given them to the Facility to be put in the safe and been given a receipt by Facility for their safe return. At no time will the Facility be responsible for more than \$500 for my deposited items.

**6. WEAPON / EXPLOSIVES / DRUGS:**

I understand and agree that if the Facility at any time believes there may be a weapon, explosive device, biohazard material, any type of illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Facility may search my room and belongings, confiscate any of the above items that are found, and dispose of them as it determines appropriate, including giving them to law enforcement.

**7. CONSENT TO RELEASE HEALTH INFORMATION:**

I understand this Facility uses an electronic medical record. I understand that the electronic medical record contains information about my health from my past, current and future health care providers. I agree that this health information may be released through the Facility's electronic medical record or by other means (for example, fax, telephone, email, or hand delivery) (1) to the Facility; (2) to my past, current and future health care providers and other health care organizations that provide care to me; (3) to the health insurance company named in my medical record; and (4) to any other person named in my medical record who pays for my treatment. These people may use my health information: (1) to treat me; (2) to get paid for my treatment (for example, billing insurance companies); and (3) to do health care operations activities (for example, managing my care, providing quality care, patient safety activities, and other activities necessary to run the Facility). I understand that these people will have access to all my health information in the medical record, including behavioral health and substance use disorder information (for example, drug and alcohol treatment), my medical history, diagnosis, hospital records, clinic and doctor visit information, medications, allergies, lab test results, radiology reports, sexual and reproductive health information, communicable disease-related information (for example, sexually transmitted diseases), and HIV/AIDS-related information. I understand that I may take back this consent at any time, except if my health information has already been released to someone. I also understand that I may request a list of the health care organizations that have received my substance use disorder information. This consent will expire one year after my death.

(continued on page 3)

X 72 initials

Inpatient / Outpatient Conditions of Admission  
and Consent to Medical Treatment

ADM-1703GHMS

Page 2 of 3

(Rev. 03/12, 03/13, 03/14, 06/16, 11/16, 01/16, 06/16, 01/17, 11/17, 2/18)

ORIGINAL Medical Record CCPY Recipient

MERIT HEALTH RANKIN

HOBSON, MITCHELL 0000

DOB: 01/12/1980 38 M Z S MR/ID#000189651

LIMAYILLA LUCY M DOS: 10/21/2018



Patient Account #: 5502480

Printed on 04/24/18 at 01:54

(continued from page 2)

**8. NOTICE OF PRIVACY PRACTICES:**

I have received a copy of the Facility's Notice of Privacy Practices and consent to the use and disclosure of my protected health information as described in the Notice of Privacy Practices. This will include all of my protected health information generated during hospitalization and outpatient treatment at the Facility, including but not limited to treatment for mental health, drug and alcohol abuse, communicable diseases such as HIV/AIDS, developmental disabilities, genetic testing, and other types of treatment received.

**9. RESEARCH STUDIES. Please initial:**

Yes  No Are you currently a participant in any research study or project? If yes, please briefly describe what is being studied (drug, medical device or other).

Who can the Facility contact with questions about the study?

**10. CELL PHONES:**

I consent to provide my telephone number(s), including my wireless telephone number(s), so representatives from the Facility, its successors or assigns can contact me in any manner, including phone call, automated telephone dialing system or an artificial or pre-recorded voice, text, or email, about any matter, including, but not limited to, my medical treatment, prescriptions, insurance eligibility, insurance coverage, scheduling, billing or collection matters. I understand if I incur any cost from being contacted at the telephone number(s) provided to the facility, including, but not limited to data, roaming, additional minutes or other fees, the facility is not responsible for paying these charges. This consent includes any updated or additional contact information that I may provide. I understand that I will be able to change my preference at any time.

**11. EXTERNAL PHARMACY:**

I consent to the exchange of prescription information between the facility and my pharmacy(ies).

**12. VIDEO TAPING/RECORDING:**

I agree not to photograph, video record, audio record, or otherwise capture imaging or sound on any device. I also understand it is my responsibility to assure my visitors comply with this requirement.

The undersigned certifies that s/he has read (or have had read to me) the foregoing, understands it, accepts its terms, and has received a copy of it. I hereby agree to all terms and conditions set forth above and understand that any sections of this consent that I do not consent to, I have struckthrough and initialed the section that does not have my consent or permission.

Patient's Signature or Legal Representative 		Date/Time 12/15/2024 / 1:47 PM
Relationship to Patient		Interpreter: Unlisted
Witness Signature 	Date/Time 12/15/2024 / 1:47 PM	If Telephone Called, Second Witness Signature

**Inpatient / Out-patient Conditions of Admission and Consent to Medical Treatment**

ADM-1703GHMS

(Rev. 05/12, 08/13, 09/14, 06/15, 11/15, 01/16, 06/16, 01/17, 11/17, 2/18)

ORIGINAL Medical Record CCPY Recipient

Page 3 of 3

MERIT HEALTH RANKIN

**HOBSON, MITCHELL 0000**

DOB: 01/12/1980 38 M 2 S MRN: 0000169551

LINAY LAUCY M DOS: 10/22/2023



Patient Account #: 5502480

Print Date: 12/15/2024 at 01:47

**eAbstract Summary**  
**CROH-Brandon 837**

Medical Record #	0000169551	Encounter #	5502480	Name	HOBSON, MITCHELL
------------------	------------	-------------	---------	------	------------------

Admission Date	10/24/2018	Encounter Type	ED-Emergency
Discharge Date	10/24/2018	Race	NON HISPANIC
Birthdate	01/12/1980	Primary Payor	C-Commercial
Admission Type	Emergency	Sex	Male
Admission Source	Court/Law Enforc	LOS	1
Discharge Disposition	Home	Admission Service	EMR
Discharge Service		Discharge Service	EMR

Discharge MD      5298      LIMAYLLA, LUCY

RVDX	S01111A	Laceration w/o fb of right eyelid and periocular
Princ Diag	S01111A	Laceration w/o fb of right eyelid and periocular
Other Diag	S40012A	Contusion of left shoulder, initial encounter
Other Diag	M25552	Pain in left hip
Other Diag	Y040XXA	Assault by unarmed brawl or fight, initial enc
Other Diag	Y92410	Unsp street and highway as place
Other Diag	F17210	Nicotine dependence, cigarettes, uncomplicated
Other Diag	Z23	Encounter for immunization

CPT Proc	I2011	Rpt f/e/e/n/l/m 2.5 cm/<	10/24/201	5298	LIMAYLLA, LUCY
CPT Proc	99284 25	EMERGENCY DEPT VISIT	10/24/201	5298	LIMAYLLA, LUCY
Charge Code	90714	Td vacc no presv 7 yrs+ im	10/24/201		
Charge Code	73552 LT	X-ray exam of femur 2>	10/24/201		
Charge Code	73030 LT	X-RAY EXAM OF SHOULDER	10/24/201		
Charge Code	70450	CT HEAD/BRAIN W/O DYE	10/24/201		
Charge Code	99284	EMERGENCY DEPT VISIT	10/24/201		
Charge Code	90471	Immunization admin	10/24/201		

Coded	10/26/2018	smorga58
Coded Update	10/26/2018	smorga58
Bill Submitted	10/26/2018	smorga58
Abstracted		
Abstract Status:	Complete	

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

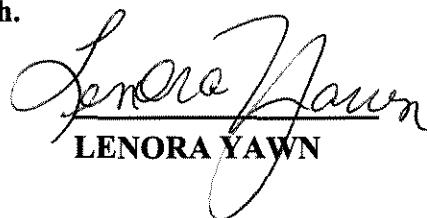
<b>MICHAEL JENKINS, et al.</b>	:	
	:	
<b>Plaintiffs,</b>	:	
	:	<b>Civil Action No.</b>
v.	:	<b>3:23-cv-374-DPJ-ASH</b>
	:	
	:	
<b>RANKIN COUNTY, MISSISSIPPI, et al.,</b>	:	
	:	
<b>Defendants.</b>	:	

**AFFIDAVIT OF LENORA YAWN**

1. My name is Lenora Ann Yawn, and my date of birth is 12-27-53.
2. I reside at 159 Tami Ave. Florence, Mississippi 39073.
3. This incident occurred on or about May 31, 2022.
4. The incident began in my yard. My grandson Peyton Yawn and his friend Jerrod were there, as was my son Barry Tatum Yawn. I recall them arguing off and on for a few hours.
5. I refer to my son Barry by his middle name, Tatum.
6. All of them got into an argument that escalated and got physical.
7. I did not see the fighting. I heard some commotion outside, and then my son Tatum entered my bedroom.
8. When Tatum came into the bedroom, he was bleeding a little bit on the side of his face, but he did not appear to be severely injured.
9. Tatum was angry; he went back outside, and I went out there, too. I tried to break it up but could not, and the arguing continued.

10. Tatum threw a cement block through the windshield of Peyton's truck, breaking the window. Peyton said he was going to call the police.
11. Tatum left and drove off with Sarah in her car to a friend's house in Florence, MS.
12. The police came and took a report, and Peyton used a GPS device to track Tatum's apartment in Florence.
13. The next day, Tatum called to inform me of what had occurred with the Rankin County deputies.
14. About a month Later, UMMC sent Tatum a large medical bill to my house, which he could not pay.
15. I took the bills and called the Rankin County Sheriff's Department on his behalf.
16. I complained to the Sheriff's Department that my son had been beaten and injured by Rankin County Sheriff deputies.
17. The person on the phone at the Sheriff's Department was very rude. She told me on the phone that they would not pay Tatum's medical bill.
18. I requested and pleaded for the Rankin County Sheriff's Department to pay this big UMMC medical bill, and I told them it was their fault that Tatum because they had beaten up Tatum.
19. I was unsuccessful in getting Tatum's bill taken care of.

**I declare under penalty of perjury that the foregoing is true and correct, and I am prepared to testify consistent therewith.**



LENORA YAWN

**DATE:** 2-18-25



University Hospital  
2500 N. State Street  
Jackson, MS 39216

Barry T Yawn  
2860 CHARLESTON ST  
FLORENCE, MS 39073

Guarantor ID: 3415270

**Visit Coverages:**

This is not a bill. This is an itemization of your hospital services for:

Patient:	Yawn, Barry T	Admission Date:	06/01/22
Hospital Account:	104904739	Discharge Date:	06/01/22

Current Hospital Account Balance: 360.00

**Professional Charges**

Service Dt	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt
06/01/2022	Emergency Department Visit High Mdm	1	365.00
06/01/2022	Initial Observation Care/Day 50 Minutes	1	235.00
<b>Total professional charges:</b>			<b>600.00</b>

**Professional Payments and Adjustments**

Date	Description	Amount
06/06/22	Discount (Self-Pay, Uninsured)	-146.00
06/12/22	Discount (Self-Pay, Uninsured)	-94.00
<b>Total professional payments and adjustments:</b>		<b>-240.00</b>

Please call 844-838-4871 if you have questions regarding this document.



University Hospital  
2500 N. State Street  
Jackson, MS 39216

Barry T Yawn  
2860 CHARLESTON ST  
FLORENCE, MS 39073

Guarantor ID: 3415270

**Visit Coverages:**

This is not a bill. This is an itemization of your hospital services for:

Patient: Yawn, Barry T	Admission Date: 06/01/22
Hospital Account: 104903538	Discharge Date: 06/01/22

Current Hospital Account Balance: 703.20

**Professional Charges**

Service Dt	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt
06/01/2022	CT Angio, Neck Combo, Incl Image Process	1	361.00
06/01/2022	PR CT Angio, Head Combo, Img Postproc	1	359.00
06/01/2022	PR CT Cerv Spine WO Dye	1	237.00
06/01/2022	PR CT Head/Brain W O Dye	1	175.00
06/01/2022	Radiologic Exam Chest Single View	1	40.00
<b>Total professional charges:</b>			<b>1,172.00</b>

**Professional Payments and Adjustments**

Date	Description	Amount
06/03/22	Discount (Self-Pay, Uninsured)	-468.80
<b>Total professional payments and adjustments:</b>		<b>-468.80</b>

Please call 844-838-4871 if you have questions regarding this document.



University Hospital  
2500 N. State Street  
Jackson, MS 39216

Barry T Yawn  
2860 CHARLESTON ST  
FLORENCE, MS 39073

Guarantor ID: 3415270

**Visit Coverages:**

This is not a bill. This is an itemization of your hospital services for:

Patient: Yawn, Barry T                      Admission Date: 06/01/22  
Hospital Account: 104903515              Discharge Date: 06/01/22

Current Hospital Account Balance: 5,633.42

**Hospital Charges**

Svc Dt	Procedure	Qty	Amount
06/01/2022	2500001-BACITRACIN 500 UNIT/GM OINT	1	0.84
06/01/2022	2500001-CEFTRIAXONE 2 G SOLR	8	13.89
06/01/2022	2500001-METRONIDAZOLE 500 MG/100ML SOLN	1	11.20
06/01/2022	2550004-HC LOCM 300-399 MG-I PER ML	30	60.00
06/01/2022	2580001-SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	12.00
06/01/2022	2600003-HC INFUSION UP TO 1 HR THERAPY	1	516.00
06/01/2022	2600004-HC INFUSION EA ADDL HR THERAPY	1	100.00
06/01/2022	2600006-HC IV INFUS CONCURRENT ADD ON	1	314.00
06/01/2022	2600010-HC TX/PRO/DX INJ NEW DRUG ADDON	2	200.00
06/01/2022	3000005-HC METABOLIC PANEL TOTAL CA	1	443.00
06/01/2022	3000069-HC ALCOHOL, ETHANOL	1	115.00
06/01/2022	3000196-HC BLOOD GASES ANY COMBINATION	1	189.00
06/01/2022	3000253-HC ASSAY OF LACTIC ACID	1	315.00

Please call 844-838-4871 if you have questions regarding this document.



Svc Dt	Procedure	Qty	Amount
06/01/2022	3000428-HC COMPLETE CBC W/AUTO DIFF WBC	1	133.00
06/01/2022	3000490-HC PROTHROMBIN TIME	1	78.00
06/01/2022	3000498-HC THROMBOPLASTIN TIME PARTIAL	1	168.00
06/01/2022	3000668-HC COOMBS TEST INDIRECT QUAL	1	260.00
06/01/2022	3000670-HC BLOOD TYPING ABO	1	137.00
06/01/2022	3000671-HC BLOOD TYPING RH (D)	1	75.00
06/01/2022	3200151-HC CHEST SINGLE VIEW	1	173.00
06/01/2022	3510001-HC CT HEAD/BRAIN W/O DYE	1	1,406.00
06/01/2022	3510013-HC CT ANGIOGRAPHY HEAD W/WO DYE	1	1,406.00
06/01/2022	3510014-HC CT ANGIOGRAPHY NECK W/WO DYE	1	1,406.00
06/01/2022	3520005-HC CT NECK SPINE W/O DYE	1	1,406.00
06/01/2022	4500413-HC EMERGENCY DEPT VISIT LEVEL V	1	4,796.00
06/01/2022	6360001-MORPHINE SULFATE (PF) 4 MG/ML SOLN	1	16.32
06/01/2022	6360001-TETANUS & Diphtheria Toxoids (Adult) 5-2 LFU INJECTION	1	180.80
06/01/2022	6360001-VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	4	182.48
<b>Total hospital charges:</b>			<b>14,113.53</b>

#### Hospital Payments and Adjustments

Date	Description	Amount
06/08/22	Denial Non Covered Charges	-12.00
06/08/22	Discount (Self-Pay, Uninsured)	-8,468.11

**Total hospital payments and adjustments:** **-8,480.11**

Please call 844-838-4871 if you have questions regarding this document.



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### ED Provider Notes by Depaepe, Stephanie K, DO at 06/01/22 0253

Author: Depaepe, Stephanie K, DO	Service: Emergency Medicine	Author Type: Physician
Filed: 06/03/22 1102	Date of Service: 06/01/22 0253	Note Type: ED Provider Notes
Status: Signed	Editor: Depaepe, Stephanie K, DO (Physician)	

#### EMERGENCY MEDICINE ATTENDING PHYSICIAN NOTE

I performed a history and physical examination on Barry T Yawn and discussed his management with Ronnie Jett Case, II. I agree with the history, physical, assessment, and plan of care, with the following exceptions:  
**None**

I was present for the following procedures: **None**

Patient was seen in Tx 6 room. 40 y.o. male presents to the ED and seen with the resident for evaluation of assault victim. Patient transferred from outside hospital after he was assaulted with a hammer. There is concern that patient has a skull fracture with intracranial air and bleed. Patient complains of headache. Patient smokes marijuana, denies alcohol or illicit drug use. Denies blood thinner use. On exam, patient lying in bed and appears uncomfortable. Scalp with abrasions and 3 cm laceration to right parietal scalp. Pupils pinpoint with erythematous conjunctiva. TMs clear bilaterally. No hemotympanum. Bruising noted over the neck and chest. No tenderness to palpation over anterior chest wall. No midline cervical spine tenderness to palpation. Abdomen soft, nontender.

#### MDM:

Labs viewed and discussed with resident.

Radiology images viewed and discussed with resident.

#### ED course:

Outside hospital records and imaging viewed and discussed with resident

CT scan shows pneumocephalus with left frontal skull fracture

Labs with leukocytosis

Antibiotics given and Neurosurgery consulted

Patient refusing laceration repair

Neurosurgery consulted

Patient signed out to oncoming physician to follow up NSGY recs and dispo

Stephanie Depaepe, DO  
6/1/2022

Stephanie K Depaepe, DO



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

---

**ED Provider Notes by Depaepe, Stephanie K, DO at 06/01/22 0253 (continued)**

---

06/03/22 1102

---

**ED Provider Notes by Case, Ronnie Jett II, MD at 06/01/22 0300**

---

Author: Case, Ronnie Jett II, MD	Service: Emergency Medicine	Author Type: Resident
Filed: 06/01/22 0746	Date of Service: 06/01/22 0300	Note Type: ED Provider Notes
Status: Signed	Editor: Case, Ronnie Jett II, MD (Resident)	
Cosigner: Depaepe, Stephanie K, DO at 06/03/22 1102		

## History

### Chief Complaint

Patient presents with

- Assault Victim

*Tx from merit rankin for eval of free air in the head and ich, hit in the head with a hammer*

### HPI

Barry T Yawn is a 40 y.o. male reporting no significant PMH who presents with a chief complaint of head injury. The patient reports that he was assaulted by his son and friends this evening. Unsure of loss of consciousness. Complains of pain to his head described as sharp, worse with movement and palpation, alleviated by nothing. He initially presented to Merit Health Rankin. Outside hospital paperwork notes that the patient was clinically intoxicated and reportedly was tased by the sheriff's department prior to arrival.

### HISTORY:

History documented here is for the purposes of medical decision making and the ED physician note. It will NOT file to the patient's permanent history.:

### Past Medical History:

No pertinent past medical history including diabetes.

### Social History:

Tobacco: No tobacco use

ETOH: Yes

Illicit Drugs: Yes

### Review of Systems

Constitutional: Negative for chills and fever.

HENT: Negative for ear pain and sore throat.

Eyes: Negative for pain and visual disturbance.

Respiratory: Negative for cough and shortness of breath.



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
**MEDICAL CENTER Notes**

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

---

**ED Provider Notes by Case, Ronnie Jett II, MD at 06/01/22 0300 (continued)**

---

Cardiovascular: Negative for chest pain and palpitations.  
Gastrointestinal: Negative for abdominal pain and vomiting.  
Genitourinary: Negative for dysuria and hematuria.  
Musculoskeletal: Negative for arthralgias and back pain.  
Skin: Negative for color change and rash.  
Neurological: Negative for seizures and speech difficulty.  
All other systems reviewed and are negative.

## Physical Exam

BP 169/87 | Pulse 74 | Temp 97.5 °F (36.4 °C) (Axillary) | Wt 81.6 kg (180 lb) | SpO2 98%

### Physical Exam

Vitals and nursing note reviewed.

#### Constitutional:

General: He is not in acute distress.  
Appearance: He is well-developed. He is not ill-appearing.

#### HENT:

Head: Normocephalic.  
Comments: **Laceration to scalp**  
Mouth/Throat:  
Mouth: Mucous membranes are moist.  
Pharynx: Oropharynx is clear. No oropharyngeal exudate or posterior oropharyngeal erythema.

#### Eyes:

General: No scleral icterus.  
Right eye: No discharge.  
Left eye: No discharge.  
Extraocular Movements: Extraocular movements intact.  
Conjunctiva/sclera: Conjunctivae normal.  
Pupils: Pupils are equal, round, and reactive to light.

#### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.  
Pulses: Normal pulses.  
Heart sounds: Normal heart sounds. No murmur heard.  
No gallop.

#### Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.  
Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.

#### Chest:

Chest wall: No tenderness.

#### Abdominal:

General: Bowel sounds are normal. There is no distension.  
Palpations: Abdomen is soft. There is no mass.  
Tenderness: There is no abdominal tenderness. There is no guarding.  
Hernia: No hernia is present.

#### Musculoskeletal:

General: No swelling, tenderness, deformity or signs of injury. Normal range of motion.  
Cervical back: Normal range of motion and neck supple. No rigidity. No muscular tenderness.  
Right lower leg: No edema.



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
**MEDICAL CENTER Notes**

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

---

**ED Provider Notes by Case, Ronnie Jett II, MD at 06/01/22 0300 (continued)**

---

Left lower leg: No edema.

**Lymphadenopathy:**

Cervical: No cervical adenopathy.

**Skin:**

General: Skin is warm and dry.

Coloration: Skin is not jaundiced or pale.

Findings: No bruising, erythema, lesion or rash.

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Crani Nerves: No cranial nerve deficit.

Sensory: No sensory deficit.

Motor: No weakness.

Coordination: Coordination normal.

Gait: Gait normal.

Deep Tendon Reflexes: Reflexes normal.

## **ED Course**

Procedures

MDM

40-year-old male reporting no significant PMH presents with assault with head injury.

Vital signs reviewed remarkable for blood pressure 169/87, otherwise unremarkable.

Prior to arrival at outside hospital, patient received Keppra and Zofran.

Tetanus vaccine updated. Morphine 6 mg IV for pain.

Outside hospital imaging reviewed showing a skull fracture, extensive pneumocephalus, mandible fracture.

Vancomycin, Rocephin, Flagyl for empiric coverage of open skull fracture.

Patient refused repair of right parietal scalp laceration.

Discussed with Neurosurgery, OMFS, and Trauma surgery resident on-call.

Disposition: Admit to Trauma

## **Clinical Impressions**

Final diagnoses: *(Handwritten text: Head contusion, skull fracture, pneumocephalus, mandible fracture, laceration of scalp, initial encounter.)*

Alleged assault

Laceration of scalp, initial encounter

---

Generated on 2/18/25 3:51 PM

Page 4



THE UNIVERSITY OF MISSISSIPPI  
MEDICAL CENTER Notes

UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

---

**ED Provider Notes by Case, Ronnie Jett II, MD at 06/01/22 0300 (continued)**

---

Open fracture of frontal bone, initial encounter (HCC)  
Pneumocephalus, traumatic

## Plan

### ED Disposition

ED Disposition	Condition	Comment
Admit	--	

## Discharge information if applicable:

### Discharge Medications

No medications have been prescribed.

Ronnie Jett Case II, MD  
Resident  
06/01/22 0746

---

**H&P by Zamin, Syed Abbas, MD at 06/01/22 0429**

---

Author: Zamin, Syed Abbas, MD	Service: Surgery	Author Type: Resident
Filed: 06/01/22 0643	Date of Service: 06/01/22 0429	Note Type: H&P
Status: Attested	Editor: Zamin, Syed Abbas, MD (Resident)	
Cosigner: Plant, Joshua D., MD at 06/01/22 1740		
Attestation signed by Plant, Joshua D., MD at 06/01/22 1740		

---

### Charlie activation

I saw and evaluated the patient. I discussed the patient with Dr. Zamin, and I agree with the findings and plan as documented in the resident's note.

Joshua Plant, MD  
Trauma Surgery // Critical Care  
(p) 601-929-5218  
(c) 504-913-0038

**Trauma Surgery History and Physical**



THE UNIVERSITY OF MISSISSIPPI  
MEDICAL CENTER Notes

UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### H&P by Zamin, Syed Abbas, MD at 06/01/22 0429 (continued)

**Name:** Barry T Yawn

**Date of Birth:** 4/6/1982

**MRN:** 3958778

**Location:** UH TX RM6/06 Tx Rm6

**Date:** 06/01/22

**Trauma Activation:** Charlie

**Page Time:** 4:13

History obtained from patient

#### Subjective

**CC:** Jaw pain

**HPI:** 40 y.o. male w/ no known PMH presents as a transfer via ambulance s/p blunt assault with a hammer. Majority of history per chart review due to patient noncompliance with exam. Patient was reportedly assaulted by his son and friends with a hammer. Patient denies LOC. Complains of pain to his L jaw primarily, as well as headache. States he was not hit anywhere below the neck. OSH records indicate patient was tazed, though patient denies any other trauma event.

#### Review of Systems:

Pertinent findings mentioned in HPI; 12 point ROS otherwise negative

#### Past Medical History

No past medical history on file.

#### Surgical History

No past surgical history on file.

#### Family History

Non-contributory

No family history on file.

#### Social History

1/2 ppd smoker for 2 years

Occasional EtOH use

Denies illicit drug use

#### Allergies

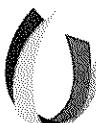
Not on File

#### Physical Exam:

BP (!) 164/104 (BP Location: Right arm, Patient Position: Lying) | Pulse 55 | Temp 97.5 °F (36.4 °C) (Axillary) | Resp 24 | Wt 81.6 kg (180 lb) | SpO2 97%

General: WDN, disheveled, mildly distressed

HENT: Small 1.5cm lac to R anterior parietal scalp, PERRL, EOMI, L jaw pain



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

---

**H&P by Zamin, Syed Abbas, MD at 06/01/22 0429 (continued)**

---

Neck: trachea midline, no crepitus

CV: warm, well perfused, 2+ radial/DP pulses

Chest: no chest wall crepitus, no chest wall tenderness, diffuse superficial small abrasions to bilateral chest

Resp: Equal chest rise, nonlabored breathing on RA

Abd: soft non-tender non-distended

Neuro: GCS - 15, no gross deficits

Back: No C/T/L spine tenderness and no palpable step-offs, old/chronic appearing superficial abrasion/burn scars

Perineum: No perineal wounds

Psych: agitated

Extremities: no obvious deformities

Skin: Abrasions and lacerations as above, otherwise intact

**FAST:** N/A

**Labs:**

**Recent Labs**

	06/01/22 0255
WBC	15.5*
HGB	14.0
HCT	41.7
PLT	260
MCV	96.3
MCHC	33.6

**Recent Labs**

	06/01/22 0255
NA	137
K	4.1
CL	105
CO2	20*
BUN	24.6*
CREATININE	1.06
GLU	112*
CALCIUM	8.8

No results for input(s): BILITOT, IBILI, BILIDIR, AST, ALT, ALKPHOS, PROT, ALBUMIN in the last 72 hours.



THE UNIVERSITY OF MISSISSIPPI  
MEDICAL CENTER

UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### H&P by Zamin, Syed Abbas, MD at 06/01/22 0429 (continued)

##### Recent Labs

	06/01/22 0255
LABPROT	11.6
APTT	30.0
INR	0.97

##### Recent Labs

	06/01/22 0304
POCLAC	1.3

No results for input(s): PHART, PO2ART, PCO2ART, HCO3ART, BEART in the last 72 hours.

##### Imaging:

No results found.

#### Assessment / Plan

**Assessment:** 40 y.o. male s/p blunt trauma to head with obvious skull fx, pneumocephalus and, mandible fx on OSH imaging. Pending CT C-spine and CTA H/N

##### Injuries:

- Skull fx
- Pneumocephalus
- L mandible fx

##### Plan:

- No acute surgical intervention for mandible per OMFS note
- Not cleared for OR
- Admit to trauma surgery, ICU vs floor pending NSGY vitals/NV checks
- Multimodal prn pain control
- NPO except meds
- mLVF
- DVT ppx: SCDs, chemical held until further imaging returns

Further plan to follow pending day team

Syed Zamin, MD  
General Surgery, PGY-2  
Pager: 601-929-9901  
06/01/22, 4:35 AM



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### H&P by Kimball, Rebekah, MD at 06/01/22 0536

Author: Kimball, Rebekah, MD	Service: Neurosurgery	Author Type: Resident
Filed: 06/01/22 0854	Date of Service: 06/01/22 0536	Note Type: H&P
Status: Signed	Editor: Kimball, Rebekah, MD (Resident)	
Related Notes: Original Note by Kimball, Rebekah, MD (Resident) filed at 06/01/22 0547		
Cosigner: Lizardo, Gustavo, MD at 06/06/22 1258		

#### Neurosurgery History & Physical

Time Paged: 0315

Time Examined: 0320

6/1/2022 5:36 AM

Staff: Dr. Lizardo

Resident: Rebekah Kimball, MD

Consulting physician: No ref. provider found

**Chief Complaint:** blunt trauma

**HPI:** Barry T Yawn is a 40 y.o. male with no sig PMH who presented s/p blunt trauma last night. Reportedly hit with hammer multiple times and then tased. Reports headache, face pain. Denies LOC, numbness, weakness, paresthesias, nausea, vision changes. Remained hemodynamically stable. Evaluated initially at OSH, where two of his lacs were closed by dermabond, but he refused closure of third scalp lac.

**Review of Systems:** Positive symptoms marked with X:

General: malaise, fatigue, night sweats

HENT: Xheadache, diplopia, blurry vision, rhinorrhea, dysphagia, sore throat

Pulm: SOB, cough, wheezing, hemoptysis

Cardiovascular: chest pain, angina, claudication, palpitations, orthopnea, PND, edema

Abd: nausea, vomiting, abd pain, diarrhea, constipation, incontinence

GU: dysuria, incontinence, frequency, hesitation, incomplete voiding

Skin: rash, itching, bruising

Neuro: LOC, seizure, numbness, tingling, weakness

#### Current Ambulatory Medications:

Current Facility-Administered Medications:

- lidocaine 1 % injection 10 mL, 10 mL, Intradermal, Once, Ronnie Jett Case II, MD
  - Vancomycin HCl 1,750 mg in sodium chloride 0.9 % 250 mL IVPB, 20 mg/kg, Intravenous, Once, Ronnie Jett Case II, MD, Last Rate: 125 mL/hr at 06/01/22 0339, 1,750 mg at 06/01/22 0339
- No current outpatient medications on file.

**Past Medical History:** none reported

**Past Surgical History:** no prior cranial or spinal

#### Social History:

**Social History**

#### Socioeconomic History

- Marital status: Single



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### H&P by Kimball, Rebekah, MD at 06/01/22 0536 (continued)

- Spouse name: Not on file  
 • Number of children: Not on file  
 • Years of education: Not on file  
 • Highest education level: Not on file

#### Occupational History

- Not on file

#### Tobacco Use

- Smoking status: Not on file
- Smokeless tobacco: Not on file

#### Substance and Sexual Activity

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

#### Other Topics

- Not on file

#### Social History Narrative

- Not on file

### Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

**Family History:** noncontributory

**Allergies:** Not on File

#### Objective:

BP (!) 150/106 (BP Location: Right arm, Patient Position: Lying) | Pulse 58 | Temp 97.5 °F (36.4 °C) (Axillary) | Resp 19 | Wt 81.6 kg (180 lb) | SpO2 97%

GCS: 15

General: NAD

HEENT: Lac to L forehead and occiput closed with dermabond. 1-2 cm L frontal scalp lac, open

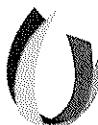
Resp: NLB, symmetric chest rise

CV: normal rate, no LE edema

Abd: soft, ND/NT

Mskl: no step offs

No posterior cervical tenderness to palpation or pain with full ROM



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER Notes

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

#### H&P by Kimball, Rebekah, MD at 06/01/22 0536 (continued)

##### Neurologic:

AAOx3

Speech sparse, dysarthric, appropriate

Visual acuity able to count fingers

PERRL, EOMI

V1-3 intact to light touch

Smile symmetric

Hearing intact

Shoulder shrug, lateral head rotation 5/5

Tongue midline

##### Motor:

	Delt	Bi	Tri	Wrist	Grip	Hls	P/IP	Quad	Ham	TA	Gas/S	EHL
RUE	5	5	5	5	5	5						
LUE	5	5	5	5	5	5						
RLE							5	5	5	5	5	5
LLE							5	5	5	5	5	5

Pronator drift: negative

##### Sensory:

Light touch: intact

Nociception: intact

##### Reflexes:

	Bi	Tri	BR	Hoff
RUE	2+		2+	-
LUE	2+		2+	-
	Pat	Ach	Bab	Clonus
RLE	2+	2+	-	-
LLE	2+	2+	-	-

#### Data Review:

##### Laboratory:

##### Lab Results

Component	Value	Date/Time
NA	137	06/01/2022 02:55 AM
K	4.1	06/01/2022 02:55 AM
CO2	20 (L)	06/01/2022 02:55 AM
BUN	24.6 (H)	06/01/2022 02:55 AM
CREATININE	1.06	06/01/2022 02:55 AM
PLT	260	06/01/2022 02:55 AM
WBC	15.5 (H)	06/01/2022 02:55 AM
HGB	14.0	06/01/2022 02:55 AM
HCT	41.7	06/01/2022 02:55 AM
APTT	30.0	06/01/2022 02:55 AM



THE UNIVERSITY OF MISSISSIPPI  
MEDICAL CENTER  
Notes

UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

**H&P by Kimball, Rebekah, MD at 06/01/22 0536 (continued)**

INR

0.97

06/01/2022 02:55 AM

Imaging (our independent interpretation):

1) CT Head

Comminuted L frontal skull fx

Diffuse pneumocephalus along sulci b/l as well as within basal cisterns, pre pontine cistern

**Impression:**

40 y.o. M s/p blunt trauma with mild TBI, open L frontal skull fx, diffuse pneumocephalus. Amount and pattern of pneumocephalus appears out of proportion to fracture

There is no problem list on file for this patient.

**Recommendations:**

- Recommend trauma, face eval
- CT C spine, CTA H/N
- Recommend closure of R frontal scalp lac. No underlying fractures but still at risk for infection if not closed. Discussed this with pt, and he continued to refuse
- Not clear for OR with other services
- q4h neurochecks and vitals
- discussed with staff

**Attending Note:**

**END OF REPORT**



UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

**Order****CT Outside Image Import [IMG3303] (Order 223060748)****CT Outside Image Import [223060748]**

Electronically signed by: Reid, Melanie K., RT on 06/01/22 0257

Status: Completed

This order may be acted on in another encounter.

Ordering user: Reid, Melanie K., RT 06/01/22 0257

Ordering provider: Depaepe, Stephanie K, DO

Authorized by: Depaepe, Stephanie K, DO

Ordering mode: Per protocol - No Cosign Required

**Result****CT Outside Image Import (Order 223060748)****CT Outside Image Import [223060748]**

Resulted: 06/01/22 0257, Result status: Final result

Ordering provider: Depaepe, Stephanie K, DO 06/01/22 0257

Performed: 06/01/22 0257 - 06/01/22 0257

Accession number: 9839252

Narrative:

This is an Outside Image Import for images performed at another facility.  
It is the responsibility of the clinician to check the dates and images on  
any outside studies.

No formal interpretation will be rendered by a UMC Radiologist at this  
time.

**Order****CT Outside Image Import [IMG3303] (Order 223060750)****CT Outside Image Import [223060750]**

Electronically signed by: Reid, Melanie K., RT on 06/01/22 0257

Status: Completed

This order may be acted on in another encounter.

Ordering user: Reid, Melanie K., RT 06/01/22 0257

Ordering provider: Depaepe, Stephanie K, DO

Authorized by: Depaepe, Stephanie K, DO

Ordering mode: Per protocol - No Cosign Required

**Result****CT Outside Image Import (Order 223060750)****CT Outside Image Import [223060750]**

Resulted: 06/01/22 0257, Result status: Final result

Ordering provider: Depaepe, Stephanie K, DO 06/01/22 0257

Performed: 06/01/22 0257 - 06/01/22 0257

Accession number: 9839253

Narrative:

This is an Outside Image Import for images performed at another facility.  
It is the responsibility of the clinician to check the dates and images on  
any outside studies.

No formal interpretation will be rendered by a UMC Radiologist at this  
time.

**Order****XR Chest 1 View [IMG1260] (Order 223060769)****XR Chest 1 View [223060769]**

Electronically signed by: Zamin, Syed Abbas, MD on 06/01/22 0436

Status: Completed

This order may be acted on in another encounter.

Ordering user: Zamin, Syed Abbas, MD 06/01/22 0436

Ordering provider: Zamin, Syed Abbas, MD

Authorized by: Depaepe, Stephanie K, DO

Ordering mode: Standard

**Questionnaire****Answer**

SHOULD THIS PROCEDURE BE PORTABLE/BED SIDE?

Yes

REASON FOR EXAM

Trauma

REQUESTED VIEWS (choose one)

AP

PA

**Result****XR Chest 1 View (Order 223060769)****XR Chest 1 View [223060769]**

Resulted: 06/01/22 0544, Result status: Final result



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

Ordering provider: Zamin, Syed Abbas, MD 06/01/22 0436  
Performed: 06/01/22 0444 - 06/01/22 0444

Resulted by: Qureshi, Javed, MD  
Accession number: 9839270

Resulting lab: UMMC RADIOLOGY DEPARTMENT  
Narrative:

EXAM:  
XR CHEST, 1 VIEW

EXAM DATE/TIME:  
6/1/2022 4:44 AM

CLINICAL HISTORY:  
Trauma

TECHNIQUE:  
Frontal view of the chest.

COMPARISON:  
No relevant prior studies available.

FINDINGS:  
Lungs: Unremarkable. No consolidation.  
Pleural space: Right apical pleural thickening. No pneumothorax.  
Heart: Unremarkable. No cardiomegaly.  
Mediastinum: Unremarkable.  
Bones/Joints: Multiple old healed right rib fractures.

Impression:  
IMPRESSION:

Right apical pleural thickening.

ATTENDING RADIOLOGIST: Javed Qureshi M.D., D.A.B.R

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33751 - RAD	UMMC RADIOLOGY DEPARTMENT	Unknown	Unknown	04/04/13 1402 - Present

#### Order

CT Cervical Spine WO IV Contrast [IMG207] (Order 223065044)

#### CT Cervical Spine WO IV Contrast [223065044]

Status: Completed

Electronically signed by: Case, Ronnie Jett II, MD on 06/01/22 0558

This order may be acted on in another encounter.

Ordering user: Case, Ronnie Jett II, MD 06/01/22 0558

Ordering provider: Case, Ronnie Jett II, MD

Authorized by: Depaepe, Stephanie K, DO

Ordering mode: Standard

Indications of use: Neck trauma, intoxicated or obtunded (Age >= 16y)

Diagnoses

Open fracture of frontal bone, initial encounter (HCC) [S02.0XXB]

#### Questionnaire

Question	Answer
Anesthesia Required? (For appts after hours/weekends/holidays, contact AIC at 601-929-3070. For pediatric procedures with anesthesia, call Batson OR: 5-5437. For Grenada appts contact Anesthesia: Intranet-Contact U>Grenada Surgical Services>On-Call Now)	No

#### Result

CT Cervical Spine WO IV Contrast (Order 223065044)

#### CT Cervical Spine WO IV Contrast [223065044]

Resulted: 06/01/22 0943, Result status: Final result

Ordering provider: Case, Ronnie Jett II, MD 06/01/22 0558

Resulted by:

Schlakman, Bruce N, MD

Sitta, Juliana, MD

Accession number: 9839355

Performed: 06/01/22 0859 - 06/01/22 0906

Resulting lab: UMMC RADIOLOGY DEPARTMENT

Narrative:

RADIOLOGIC EXAM: CT CERVICAL SPINE WO IV CONTRAST

DATE AND TIME OF EXAMINATION: 6/1/2022 8:59 AM



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

**CLINICAL HISTORY:** Neck trauma, intoxicated or obtunded (Age >= 16y)

**COMPARISON:** None.

**TECHNIQUE:** Contiguous axial sections were obtained through the cervical spine without administration of intravenous contrast. Sagittal and Coronal reformatted images were obtained from axial data.

**FINDINGS:**

Mild artifacts from motion.

Atlantoaxial and atlanto-occipital alignment is maintained. No acute fracture or dislocation of the cervical spine.

Vertebral body heights are normal. Mild multilevel degenerative disc disease and facet arthropathy.

No prevertebral edema. Posterior spinal soft tissues are normal.

Partially included subdural hematoma along the occipital region and extending along the tentorium. Foci of pneumocephalus in the left middle and posterior fossa. Displaced comminuted fracture of the left mandibular angle.

Centrilobular and paraseptal emphysema in the lung apices.

**Impression:**

**IMPRESSION:**

No acute fracture or dislocation of the cervical spine.

Mild multilevel degenerative disc disease and facet arthropathy.

Comminuted fracture of the left mandibular angle with displaced fragments, incompletely visualized.

Partially included subdural hematoma along the occipital pole and extending along the tentorium and pneumocephalus foci. See same day CT for further details.

**RESIDENT RADIOLOGIST:** Juliana Sitta, MD

**ATTENDING RADIOLOGIST:** Bruce Schiakman, M.D.

I have personally reviewed the image(s) and the resident's interpretations, performed any necessary editing, and agree with the findings of this report.

**Testing Performed By**

Lab Abbreviation	Name	Director	Address	Valid Date Range
33751 - RAD	UMMC RADIOLOGY DEPARTMENT	Unknown	Unknown	04/04/13 1402 - Present

**Order**

CT Head WO IV Contrast [IMG181] (Order 223065043)

**CT Head WO IV Contrast [223065043]**

Status: Completed

Electronically signed by: Case, Ronnie Jett II, MD on 06/01/22 0558

This order may be acted on in another encounter.

Ordering user: Case, Ronnie Jett II, MD 06/01/22 0558

Authorized by: Depaepe, Stephanie K, DO

Indications of use: Head trauma, skull fracture or hematoma (Age 18-64y)

Diagnoses

Open fracture of frontal bone, initial encounter (HCC) [S02.0XXB]

Ordering provider: Case, Ronnie Jett II, MD

Ordering mode: Standard

**Questionnaire**

Question	Answer
Specific Protocol / Instructions:	Routine brain
Anesthesia Required? (For appts after hours/weekends/holidays, contact AIC at 601-929-3070. For pediatric procedures with anesthesia, call Batson OR: 5-5437. For Grenada appts contact Anesthesia: Intranet--Contact U>Grenada Surgical Services>On-Call Now)	No

**Result**

CT Head WO IV Contrast (Order 223065043)

**CT Head WO IV Contrast [223065043]**

Resulted: 06/01/22 0930, Result status: Final result

Ordering provider: Case, Ronnie Jett II, MD 06/01/22 0558

Resulted by: Schiakman, Bruce N, MD



THE UNIVERSITY OF MISSISSIPPI  
MEDICAL CENTER

UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

Performed: 06/01/22 0859 - 06/01/22 0906

Accession number: 9839354

Resulting lab: UMMC RADIOLOGY DEPARTMENT

Narrative:

RADIOLOGIC EXAM: CT HEAD WO IV CONTRAST

DATE AND TIME OF EXAMINATION: 6/1/2022 8:59 AM

CLINICAL HISTORY: Head trauma, skull fracture or hematoma (Age 19-64) known left frontal skull fracture left mandibular fracture from outside exams.

COMPARISON: Outside CT same day

TECHNIQUE: CT imaging of the head was performed without intravenous contrast.

FINDINGS: Redemonstration of a comminuted fracture left frontal bone above the frontal sinus, likely puncture injury with numerous comminuted fragments some displaced intracranially and others in the scalp. Overlying scalp hematoma.

There is moderate pneumocephalus scattered in the extra-axial/subarachnoid spaces left more than right. Slight associated mass effect on the left hemisphere, minimal midline shift.

Partially opacified paranasal sinuses. Orbital walls appear intact. Remaining calvarium appears intact.

Small degree of acute extra-axial hemorrhage wrapping around the left occipital pole likely subdural. Coup/contrecoup injury likely.

Small degree of subarachnoid hemorrhage particularly left frontal-parietal difficult to evaluate due to the pneumocephalus.

Ventricles and sulci normal in size. No acute intraparenchymal abnormality otherwise seen.

Orbits grossly intact.

Impression:

IMPRESSION:

Comminuted fracture/puncture wound through the left frontal bone of the skull. Multiple small bone fragments displaced intracranially in and/or along the left frontal lobe.

Moderate degree of pneumocephalus, extra-axial likely subarachnoid. Small degree of subarachnoid hemorrhage mostly left frontal-parietal.

Small left acute subdural hematoma posteriorly along the occipital lobe extending to the falx and tentorium.

ATTENDING RADIOLOGIST: Bruce Schiakman, M.D.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33751 - RAD	UMMC RADIOLOGY DEPARTMENT	Unknown	Unknown	04/04/13 1402 - Present

#### Order

CTA Head / CTA Neck [IMG787] (Order 223065045)

#### CTA Head / CTA Neck [223065045]

Status: Completed

Electronically signed by: Case, Ronnie Jett II, MD on 06/01/22 0558

This order may be acted on in another encounter.

Ordering user: Case, Ronnie Jett II, MD 06/01/22 0558

Ordering provider: Case, Ronnie Jett II, MD

Authorized by: Depaepe, Stephanie K, DO

Ordering mode: Standard

Indications of use: Neck trauma, dangerous injury mechanism (Age 16-64)

Diagnoses

Open fracture of frontal bone, initial encounter (HCC) [S02.0XXB]

#### Questionnaire

Question	Answer
Patient History	requested by neurosurgery due to pneumocephalus pattern
Is the patient allergic to IV contrast?	No
Anesthesia Required? (For appts after hours/weekends/holidays, contact AIC at 601-929-3070. For pediatric procedures with anesthesia, call Batson OR: 5-5437. For Grenada appts contact Anesthesia: Intranet--Contact U>Grenada Surgical Services>On-Call Now)	No
Does patient have a history of diabetes, heart failure, hypertension, multiple myeloma, or renal disease?	No



UNIVERSITY HOSPITAL  
2500 North State Street  
Jackson MS 39216

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

## Result

CTA Head / CTA Neck (Order 223065045)

**CTA Head / CTA Neck [223065045]**

Resulted: 06/01/22 1008, Result status: Final result

Ordering provider: Case, Ronnie Jett II, MD 06/01/22 0558

Resulted by:  
Schlakman, Bruce N, MD  
Sitta, Julianne, MD  
Accession number: 9839356

Performed: 06/01/22 0911 - 06/01/22 0912  
Resulting lab: UMMC RADIOLOGY DEPARTMENT  
Narrative:

RADIOLOGIC EXAM: CTA HEAD / CTA NECK

DATE AND TIME OF EXAMINATION: 6/1/2022 9:11 AM

CLINICAL HISTORY: Neck trauma, dangerous injury mechanism (Age 16-64y)

COMPARISON: Same day head CT and CT cervical spine

TECHNIQUE: CT angiography of the head and neck was performed with intravenous contrast. Multiplanar and MIP reconstruction images were generated and reviewed.

FINDINGS:

CTA NECK:

Patent aortic arch.

The left vertebral artery arises directly from the aortic arch or at the ostium of the subclavian, is a hypoplastic vessel. There are small segments which are not well seen probably due to artifacts. There is a high entry level to the transverse foramen at C5, anatomic variant. Bilateral vertebral arteries in the neck appear patent.

Proximal great vessels are patent. Subclavian and innominate arteries are patent. Common carotid arteries are patent. Normal carotid bifurcations. Internal and external carotid arteries are patent.

CTA HEAD:

Petrosus, cavernous, and supraclinoid internal carotid arteries are patent. Mild calcified atherosclerotic calcified plaque in the left cavernous internal carotid artery. Middle and anterior cerebral arteries are patent. Anterior and posterior communicating arteries are patent. Hypoplastic left posterior communicating artery.

Intradural vertebral arteries are patent. PICA origins are patent. Basilar artery is patent. Posterior cerebral arteries are patent.

No aneurysm or vascular malformation. Dural venous sinuses are patent.

No large vessel occlusion, moderate or high-grade stenosis or acute arterial vascular injury seen.

NONVASCULAR FINDINGS:

Centrilobular and paraseptal emphysema in the lung apices with the larger bullae formation in the anterior segment of the right upper lobe into the anterior mediastinum in the midline anterior to the great vessels. Is any concern for chest trauma then chest CT is recommended. No bulky enhancing lytic mass or lymphadenopathy. No neck mass seen.

Redemonstrated comminuted displaced fracture of the left mandibular angle extending to the root of the second molar. Redemonstrated comminuted fractures/puncture wound through the left frontal bone. Moderate scattered pneumocephalus. Small degree of subarachnoid hemorrhage and left occipital subdural hematoma, better demonstrated on same-day noncontrast CT head. Chronic healed fracture of the right third rib. Mild multilevel degenerative disease in the cervical spine.

No enhancing intracranial lesion identified

Impression:

IMPRESSION:

No acute vascular injury, large vessel occlusion, or high-grade stenosis.

Redemonstrated comminuted fractures/puncture wound through the left frontal bone.

Moderate scattered pneumocephalus, small degree of subarachnoid hemorrhage, and left occipital subdural hematoma, further detailed on same-day noncontrast CT head.

Redemonstrated comminuted displaced fracture of the left mandibular angle extending to the root of the second molar.

RESIDENT RADIOLOGIST: Julianne Sitta, MD

ATTENDING RADIOLOGIST: Bruce Schlakman, M.D.

I have personally reviewed the image(s) and the resident's interpretations, performed any necessary editing, and agree with the findings of this report.



UNIVERSITY HOSPITAL  
2500 North State Street  
THE UNIVERSITY OF MISSISSIPPI Jackson MS 39216  
MEDICAL CENTER

UNIVERSITY HOSPITAL  
2500 North State Street

Yawn, Barry T  
MRN: 0813059, DOB: 4/6/1982, Legal Sex: M  
Adm: 6/1/2022, D/C: 6/1/2022

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33751 - RAD	UMMC RADIOLOGY DEPARTMENT	Unknown	Unknown	04/04/13 1402 - Present

---

**END OF REPORT**

---

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

**MICHAEL JENKINS, *et al.***

:

:

:

**Civil Action No.**

**3:23-cv-374-DPJ-ASH**

**v.**

:

:

:

**RANKIN COUNTY, MISSISSIPPI, *et al.***

:

:

:

**Defendants.**

:

**AFFIDAVIT OF MAURICE PORTER**

1. My name is Maurice Porter. I was born on January 21, 1991. I have personal knowledge of the matters set forth herein.
2. On or about March 26, 2019, Rankin County Deputies arrested me. At the time of the incident, I was approximately 5'8" and weighed 135 pounds.
3. At the time of this incident, my address was 142 Annie Burch Drive, Braxton, Miss 39044.
4. Deputies pulled me over for suspicion of drug sales on 100 Garret Road in Florence, MS, which was about a mile and a half from my home.
5. I complied with the deputy's commands. But once I got out of my car, I was threatened by Deputy Dedmon to be shocked in my groin. Therefore, I ran about 15 feet, then stopped.
6. The deputies caught up to me and tased me, then handcuffed me. Then they tased me two times after I was handcuffed. I fell to the ground, where officers caught up with me and began to kick and punch me. I was not resisting.
7. Brett McAlpin drove his car near where I was. I recognized Brett McAlpin from previous encounters.

8. Brett McAlpin took charge of the scene and oversaw the other officers. They initially started to bring me back to my car, but they refused to let me stand. One said, "No, the Black monkey cannot walk with us," I recall him saying.
9. The deputies then dragged me by my dreadlocks and shoulders down the road, ripping several of my dreadlocks out in the process. I was in handcuffs at the time.
10. While they dragged me, they stripped most of my clothes off, leaving me only in my shorts.
11. When we got to the patrol car, Brett McAlpin ordered the other deputies to turn off their cameras. McAlpin said to them, "Turn those cameras off!"
12. Brett McAlpin then repeatedly slammed a black nightstick against my legs, knocking me to the ground while deputies continued to hurl names such as "nigger" and "monkey" at me.
13. The officers then shoved me into a squad car. Brett McAlpin again beat me on my legs with his nightstick. I then vomited.
14. My mother, Catherine Porter, arrived on the scene while I was in the patrol car. They then transported me to the Rankin County jail.
15. When I arrived at the booking area at the Rankin County Jail, I was hurting badly, and I requested medical attention. A doctor came and attended to me and gave me naproxen. The doctor also took two taser prong needles out of my back.
16. They put me in protective custody while I was in jail. Because my body was severely bruised, I asked the deputies to take me to the hospital. However, they held me in protective custody, and a nurse cared for me for two weeks until my bruises healed.



I declare under penalty of perjury that the foregoing is true and correct, and I am prepared to testify consistently therewith.

Maurice Porter 2/21/2025  
MAURICE PORTER DATE

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

**MICHAEL JENKINS, et al.**

:

**Plaintiffs,**

:

**Civil Action No.**

**3:23-cv-374-DPJ-ASH**

:

:

**RANKIN COUNTY, MISSISSIPPI, et al.,**

:

:

**Defendants.**

:

**AFFIDAVIT OF FREDERICK TRIMBLE**

1. My name is Frederick Trimble. I am over twenty-one and have personal knowledge of the matters set forth herein.
2. On the night of July 18, 2018, I was at the Love Truck Stop on Highway 80 in Rankin County. I was driving a Black Nissan Altima. I met a confidential drug informant named Tim, a man that I knew engaged in a drug transaction.
3. After we made the transaction, he got back in the passenger side of the truck I was backing. Then, a newer model truck came up the aisle of the truck stop and stopped next to me.
4. I didn't know who was in the truck. They never turned the police lights on. I thought I might be getting set up to get getting robbed. So I drove to get away. I did not know they were police officers.
5. I got away by driving to the back side of the truck stop. I was not speeding.
6. I accidentally hit a pedestrian at the gas station.
7. Then they turned on their police lights. As soon as I had struck the person, the police rammed my vehicle from the side and pushed my car into a steep gully where a ditch was.

8. My airbag deployed, and I crashed into a ditch. My car was totaled. I hopped out of my car and hobbled across the street into a little wooded area not far away from the ditch where I crashed. Deputies found me in the woods a short way away.
9. I recall these deputies as Christian Dedmon and Luke Stickman from Rankin County.
10. I had laid down and laid out on my stomach with my hands out when the first two deputies go to me. I had surrendered. I was not resisting.
11. They tased me as soon as they got to me, then these two deputies put me in handcuffs.
12. They claimed they were going to have fun beating my ass, and I would wish I was dead after this.
13. Christian Dedmon put his knee in my back and he started tasing me in the buttocks and then on my groin. Because he was on top of me, and I was on top of some bushes. That is how he was able to reach around me and tase me while I was handcuffed. After that, Luke Stickman began tasing me.
14. I could not walk, and both deputies got on each side; I told them I had an injured leg. Dedmon asked me which leg, and he punched me hard in my leg. My mom has the photos.
15. Then they took me by both arms because I could not walk, and they dragged me to the side of a nearby vacant building, near a blind spot where the bushes were.
16. At this point, about six to eight deputies had me surrounded. I was sitting on the ground, still handcuffed behind my back. Christian Dedmon came up to me and pushed me backward with his foot, and I fell backward.
17. Then Dedmon put his knees into my chest, got on top of me, and put his gun inside of my mouth. Dedmon stuck a gun in my mouth and called me a nigger, and claimed if he could kill me and get away with it, he would.
18. I was handcuffed, not resisting, and scared to death. I put up no fight at all.

19. Then Dedmon took his pistol out and hit me in the mouth with the butt of his gun, the end with the clip on it. My lip was busted open.
20. Then, many Deputies started taking turns kicking me on my head. I felt myself going unconscious. All I felt was boots kicking my head back and forth.
21. I was hollering and praying. I was thinking they were going to kill me. I knew I could not win with them. I knew by the way Dedmon called me a nigger, that he really meant it.
22. All of the deputies took turns kicking me; the other deputies laughed while I was being beaten and tased. McAlpin was at the side of the building, watching.
23. They began planning to blame all this on me and claim I had hit them. That was a lie.
24. They took me back to the Love Truck Stop and put me in their truck. I was begging for medical attention from being beaten and tased. They ignored m
25. Then, they drove me to the Rankin County Jail. When we got to booking, Dedmon and Stickman lay at the desk about me hitting them. They were lying to get charges on me.
26. One of the persons in booking started cleaning me up and wiping the blood off of me. Then I took a photo, and they booked me in,
27. After they took my photo, they took me into a little room. They sat me down. I was asking for medical attention because I was hurting really bad, and I could not breathe. I was still handcuffed.
28. I was told to shut up or get my ass beat again. They just ignored me and had me sit there. Then, they took me into the back of a unit. It was another man in the cell. I stayed in jail for four days before I got bonded out.
29. I then went to my home, and my girlfriend took pictures of my injuries before I got in the shower. I could not stand up. Every time I was to bend over, I fell.

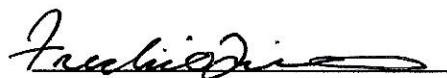
30. I then took a bath. Then, my girlfriend urged me to go to the hospital. My girlfriend took me to River Oaks Hospital in Flowood, Mississippi. My X-rays stated that I was badly bruised but had no fractures.

31. Then I went back home. I could not eat right or sit up, and I was in pain for about two weeks. My mom and my kids saw this. I told my lawyers about the abuse I suffered at the hands of Rankin County.

32. Jennifer, my daughter's mother, later emailed the NAACP and ACLU about what happened. I read her letters and agree with what she said as far as the racism and the abuse I suffered.

33. This was a day I will never forget because I was treated like an animal. I have never experienced anything like that. I still have bad headaches from this event, and I started suffering from high blood pressure since this incident.

**I declare under penalty of perjury that the foregoing is true and correct, and I am prepared to testify consistently.**



FREDERICK TRIMBLE

DATE 2/27/2025

**SWORN TO AND SUBSCRIBED BEFORE ME, this the 27th day of February 2025**



Notary



000529

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

**MICHAEL JENKINS, *et al.***

**PLAINTIFFS**

**VERSUS**

**Civil Action No. 3:23-CV-374-DPJ-ASH**

**RANKIN COUNTY, MISSISSIPPI, *et al.*,**

**DEFENDANTS**

**AFFIDAVIT OF JEFFERY TYLER MOTE**

1. My name is Jeffery Tyler Mote. I am above twenty-one (21) years old, and I have personal knowledge of the matters herein.
2. In about June , 2018, I was with Robert Jones when we travelled to Pearl , Mississippi to visit with some female acquaintances.
3. When we arrived, we were looking for the correct address when we saw a vehicle coming toward us with no headlights on. When we saw that the vehicle was not going to move, I tried to get away from it.
4. The truck clipped my back end and pinned my truck between it and another car which belonged to a resident of the trailer park. We were pulled from my vehicle by Brett McAlpin, someone who I believe may have been Wes Shivers, the Sheriff's Department wrecker shop driver, a female deputy, and at least one other deputy. They immediately handcuffed us and put us in the back of a patrol vehicle.
5. The female deputy remained on the scene. As we were leaving, she slapped the hood and said "don't kill them. We need them alive."
6. Robert and I were driven about a mile down a gravel road near the Pilot gas Station in Pearl. They stopped the truck. I was removed and placed on the ground. Two officers tazed me. While I was handcuffed and on the ground. The deputies did not otherwise hit me or kick me.
7. At that time, Robert took off running while he was still handcuffed. They caught him, and shoved a stick and what I believed to be a Maglite flashlight down his throat to try to make him throw up drugs they said he had swallowed. He never threw up any drugs. Instead, he vomited up blood when they shoved the stick down his throat. They then made him stand in a gulley of water and tased him for between 15 and 30 seconds while he was standing in the water. I saw them punch and kick Robert in the face and head. His face was visibly swollen.
8. McAlpin came back over to me, sat on my chest and put his gun in my mouth. He then said, "I don't know where you all are from but you ain't from around here. Don't come f\_\_\_\_ing around here anymore." They then took us back to the trailer park before transporting us to the jail.
9. At the jail, they let the nurses see us. The nurse remarked that we must have been in a bad car wreck. Brett McAlpin stood there while I was examined by the nurse. I believe

he wanted to make sure that I did not report anything to the nurse.

10. I was charged with Conspiracy, but the charge was never indicted to my knowledge. The only drugs they recovered from us was a small amount of marijuana. I did not have any interaction with the Rankin County Sheriff's Department before or after that night.
11. After this incident, I have had to undergo treatment for Post-Traumatic Stress Disorder.

I declare under penalty of perjury that the foregoing is true and correct, and I am prepared to testify consistently.

  
\_\_\_\_\_  
JEFFERY TYLER MOTE

DATE:

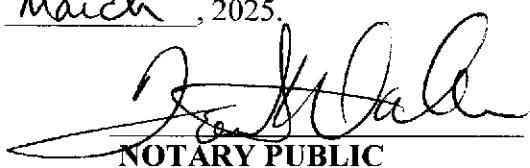
STATE OF MISSISSIPPI

COUNTY OF Hinds

PERSONALLY APPEARED BEFORE ME, the within named Jeffery Tyler Mote , and upon his oath swore that the averments of the foregoing document are true and correct to the best of his knowledge.

  
\_\_\_\_\_  
JEFFERY TYLER MOTE

So sworn or affirmed, this the 2 day of March, 2025.

  
\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

\_\_\_\_\_



(SEAL)

## Fwd: Complaint Form

From: April Shoemaker (aprillynn4381@gmail.com)  
To: Attorney.shabazz@yahoo.com  
Date: Wednesday, September 20, 2023 at 09:19 PM GMT-4

----- Forwarded message -----

**From:** April Shoemaker <[aprillynn4381@gmail.com](mailto:aprillynn4381@gmail.com)>  
**Date:** Mon, Jul 18, 2022 at 3:31 PM  
**Subject:** Re: Complaint Form  
**To:** Danny Welch <[Danny.Welch@ago.ms.gov](mailto:Danny.Welch@ago.ms.gov)>

Thank you!

On Mon, Jul 18, 2022 at 3:30 PM Danny Welch <[Danny.Welch@ago.ms.gov](mailto:Danny.Welch@ago.ms.gov)> wrote:

Ms. Shoemaker,

I am very sorry for your loss. Don't feel like you have to rush to complete the complaint.

Sincerely,

Danny

---

**From:** April Shoemaker <[aprillynn4381@gmail.com](mailto:aprillynn4381@gmail.com)>  
**Sent:** Monday, July 18, 2022 3:11 PM  
**To:** Danny Welch <[Danny.Welch@ago.ms.gov](mailto:Danny.Welch@ago.ms.gov)>  
**Subject:** Re: Complaint Form

Mr. Welch my father who served as an officer for over 30 years passed away friday after all this happened. Im trying to get this done as soon as possible. They are suppose to let Zac attend his grandfather's funeral but the captain said the sherrif isnt happy with me so he didnt know if the sherrif was gonna allow him to come. What happened friday has nothing to do with my son saying goodbye to his grandfather. They allow the other trustees but hes taking it out on me i guess.

Fw: Rankin county

---

From: Malik Shabazz (attorney.shabazz@yahoo.com)  
To: lattlaw@gmail.com  
Date: Wednesday, September 20, 2023 at 08:01 PM GMT-4

---

Bailey assault Rankin

Malik Z. Shabazz Esq.  
6305 Ivy Lane  
Suite #608  
Greenbelt, MD 20770  
attorney.shabazz@yahoo.com  
Ph: 301-513-5445  
Fax: 301-513-5447

----- Forwarded Message -----

**From:** Malik Shabazz <attorney.shabazz@yahoo.com>  
**To:** Gregory Lattimer <lattlaw@gmail.com>  
**Sent:** Wednesday, September 20, 2023, 07:59:41 PM EDT  
**Subject:** Fw: Rankin county

Malik Z. Shabazz Esq.  
6305 Ivy Lane  
Suite #608  
Greenbelt, MD 20770  
attorney.shabazz@yahoo.com  
Ph: 301-513-5445  
Fax: 301-513-5447

----- Forwarded Message -----

**From:** April Shoemaker <aprillynn4381@gmail.com>  
**To:** "attorney.shabazz@yahoo.com" <attorney.shabazz@yahoo.com>  
**Sent:** Wednesday, September 20, 2023, 07:24:02 PM EDT  
**Subject:** Rankin county

Fwd:

---

From: April Shoemaker (aprillynn4381@gmail.com)  
To: attorney.shabazz@yahoo.com  
Date: Friday, February 21, 2025 at 12:39 PM EST

---

----- Forwarded message -----

From: **April Shoemaker** <aprillynn4381@gmail.com>  
Date: Wed, Dec 11, 2024 at 6:46 PM  
Subject: Fwd:  
To: nate.rosenfield@nytimes.com <nate.rosenfield@nytimes.com>

----- Forwarded message -----

From: **April Shoemaker** <aprillynn4381@gmail.com>  
Date: Thu, Apr 25, 2024 at 4:19 AM  
Subject:  
To: <bbailey@rankincounty.org>

Hey, this is April Pohl. I'm Zac Shoemakers mother. I haven't had a visitation with my son in 2 1/2 years. I get one five minute phone call a week. Orders from Captain Vaughn that I was told came from you. I suffer from chrons disease and I'm very sick. Ive had to seek therapy over this. I have been banned from public property and banned from seeing my child. I'm asking for the last time to see my baby. October will be his release and that will be 3 years!! 3 years. I cannot fathom how y'all could do this to me. When I came to meet with you, I came because I was told to. Everything that happened that day was uncalled for. I have left y'all alone but since you are a family man please put yourself in my shoes. I want to see my child. I have begged captain Vaughn and I get cussed out and hung up on and told I will see him when he comes home. This isn't fair and I have emailed numerous times asking. My number is 7694285654. Please let me see my child. I have suffered a heart attack over this. That boy is my life. I'm asking you to please let me see him. Please!! I won't ask again but I prayed about it and something told me to try one more time so I am. I hope you can find it in your heart somewhere to let me see him. I've been hung up on every time I talk to Mindy. IF she will even get on the phone with me. Same with Demetrie who was the reason all this started from the beginning. Zac never told me anything. He's a good person. But it is what it is and I have a trustee who witnessed my son being drug out of bed and hit in the face. I am a tax payer in rankin county and I've been banned from there by you. A place that is suppose to be safe. I want to see my child. I did you a a HUGE favor whether you realize it.

Sincerely,

April

jmorison@rankincounty.org

6:21 60-9638 (M)



On Oct 17, 2022, at 2:00 PM, April Shoemaker



...

Shoemaker

<[aprillynn4381@gmail.com](mailto:aprillynn4381@gmail.com)> wrote:

...



me Oct 17, 2022

to Jared ▾



...

On Mon, Oct 17, 2022 at 3:38 PM Jared Morrison  
<[jmorison@rankincounty.org](mailto:jmorison@rankincounty.org)> wrote:

I can answer that. Again. The supervisors don't control his office. If you are really serious. You will need to get a attorney.

Jared Morrison

District 1 Rankin County Supervisor

[jmorison@rankincounty.org](mailto:jmorison@rankincounty.org)

601-850-9638 (M)

On Oct 17, 2022, at 2:02 PM, April Shoemaker <[aprillynn4381@gmail.com](mailto:aprillynn4381@gmail.com)> wrote:

again, I'm sorry I contacted you but the attorney generals office gave me this info. Sorry for your time.

...



Reply



Forward

\_\_\_\_\_

inside. My child was screaming. He had me

h 6:21

woman to pull the tapes from the lobby and

sidewalk cause he knew I was going to tell. He

< Went into a rage and put his hands in my hair



...

Something needs to be done. Thank you, April

>

> Sent from my iPhone

>

**County confidentiality disclaimer:** The information contained or attached in this electronic message is confidential and may be legally privileged. It is intended solely for the addressee. If you are not the intended recipient, any disclosure, copying, or distribution of the message, or any action or omission taken by you in reliance on it, is prohibited and may be unlawful. Please immediately contact the sender if you have received this message in error. Thank you. In addition, this message has been scanned by Rankin County's spam and virus protection services.

Any and all views, opinions, conclusions or other information contained in this electronic communication are solely those of the author and do not represent nor are endorsed by Rankin

**County, its elected officials, or its employees unless specifically indicated in the content of this message by an individual authorized to do so.**

---



me Oct 17, 2022

to Jared ▾

↶ ...

**How can I take something up with the sherrif when he is the one Who did it. Im from Brandon! I talked to the attorney generals office and they gave me y'all's information. What do I do. How can the sherrif physically put his hands on me and just get away with it??**

...

---

6:21



Something needs to be done! Thank you, April



...

Sent from my iPhone



Jared Morrison Oct 17, 2022

to me ▾



...

I'm sorry but this isn't a matter the supervisors handle. The Sheriff an elected official. Elected to run the jail and keep law and order. You will need to take this up with him. May I ask where are you from? Address??

Jared Morrison

District 1 Rankin County Supervisor

[jmorrison@rankincounty.org](mailto:jmorrison@rankincounty.org)

601-850-9638 (M)

> On Oct 17, 2022, at 12:02 AM, April Shoemaker

[<aprillynn4381@gmail.com>](mailto:<aprillynn4381@gmail.com>) wrote:

>

> Hi, my name is April Pohl. I have a son who is a trustee at rankin county. He's been in there a year. His name is Zachary shoemaker. He's amazing and everyone likes him. The attorney general told me to contact y'all but I don't know which district so I iust picked one. I found out mv

son had been hit so they cut off all contact between us. It's bee 7 months I have not talked to my son. I was told to come up there and talk to them if I wanted my privelages back. I went and I had my 9 year old little girl with me. Before I could talk he told me to get out of his jail. I walked out holding my little girls hand and he came running out the door from the lobby to the sidewalk where we were and basically drug me inside. My child was screaming. He had me handcuffed, he was elbowing me. He told some woman to pull the tapes from the lobby and sidewalk cause he knew I was gonna tell. He went into a rage and put his hands on me!!!!  
**Something needs to be done! Thank you, April**

>

6:21



...

## Rankin county sheriffs department

Inbox



me Oct 17, 2022

to jmorrison ▾



...

Hi, my name is April Pohl. I have a son who is a trustee at rankin county. He's been in there a year. His name is Zachary shoemaker. He's amazing and everyone likes him. The attorney general told me to contact y'all but I don't know which district so I just picked one. I found out my son had been hit so they cut off all contact between us. It's bee 7 months I have not talked to my son. I was told to come up there and talk to them if I wanted my privelages back. I went and I had my 9 year old little girl with me. Before I could talk he told me to get out of his jail. I walked out holding my little girls hand and he came running out the door from the lobby to the sidewalk where we were and basically drug me inside. My child was screaming. He had me

handcuffed, he was elbowing me. He told some woman to pull the tapes from the lobby and sidewalk cause he knew I was gonna tell. He went into a rage and put his hands on me!!!! Something needs to be done! Thank you, April

Sent from my iPhone



Jared Morrison Oct 17, 2022

I'm sorry but this isn't a matter the supervisors han...



me Oct 17, 2022

to Jared ▾



...

talked to the attorney general's office and they gave me y'all's information. What do I do. How can the sheriff physically put his hands on me and just get away with it??

6:21

Jared Morrison Oct 17, 2022

to me ▾

I can answer that. Again. The supervisors don't control his office. If you are really serious. You will need to get a attorney.

Jared Morrison  
District 1 Rankin County Supervisor  
[jmorrisson@rankincounty.org](mailto:jmorrisson@rankincounty.org)  
601-850-9638 (M)

On Oct 17, 2022, at 2:02 PM, April Shoemaker  
[<aprillynn4381@gmail.com>](mailto:<aprillynn4381@gmail.com>) wrote:

...



me Oct 17, 2022  
to Jared ▾

← ...

On Mon, Oct 17, 2022 at 3:38 PM Jared Morrison <[jmorison@rankincounty.org](mailto:jmorison@rankincounty.org)> wrote:

I can answer that. Again. The supervisors don't control his office. If you are really serious. You will need to get a attorney.

Jared Morrison  
District 1 Rankin County Supervisor  
[jmorison@rankincounty.org](mailto:jmorison@rankincounty.org)  
601-850-9638 (M) \_\_\_\_\_

## Fwd: April Pohl

---

From: April Shoemaker (aprillynn4381@gmail.com)  
To: attorney.shabazz@yahoo.com  
Date: Wednesday, September 20, 2023 at 09:15 PM EDT

---

---

----- Forwarded message -----

From: **April Shoemaker** <aprillynn4381@gmail.com>  
Date: Thu, Oct 20, 2022 at 2:10 PM  
Subject: April Pohl  
To: <PIDInquiries@ago.ms.gov>

---

Since the sherrif put his hands on me and put my daughter in danger. I called the board of supervisors like you said and they said that it's for the attorney general. Did you not even request the proof. The tapes. The tapes from the sherrifs department? I have the news willing to help me as soon as I can show proof and those tapes are proof.

---

## Fwd: Help me please

From: April Shoemaker (aprillynn4381@gmail.com)  
To: Attorney.shabazz@yahoo.com  
Date: Wednesday, September 20, 2023 at 07:11 PM EDT

----- Forwarded message -----

From: **April Shoemaker** <aprillynn4381@gmail.com>  
Date: Wed, Dec 14, 2022 at 9:26 PM  
Subject: Help me please  
To: <referrals@usccr.gov>

It's a lot of details that led up to this incident but I was told to come to rankin county sherrifs department to get my visitation and phone call privelages back. I haven't seen my child in 8 months. I get no contact. But the day I came there the sherrif came out huffing and puffing and wouldn't even give me time to talk. He kept saying lady get the hell out of my jail! Some words were exchanged. Nothing threatening. I had my 9 year old little girl with me cause I was not expecting that. I grabbed her hand and we walked out of the sherrifs department. All of a sudden I am grabbed and drug back inside the lobby by the sherrif himself. My little girl was screaming and he screamed for someone to come grab her. I have a fake shoulder and I was yelling telling him to stop. Everyone that worked there and saw what was happening came immediately and he had an officer handcuff me. No reason at all! I just sat there and cried while he took me in a little room so he could catch his breath. He told his fiancé to have the tapes pulled from the lobby and the sidewalk so there is evidence to all of this. I have tried to go to the attorney general, the district attorney and they all seem to know one another and keep putting me off to the next person. Please help me!!! Please. It's driving me insane and making me very sick!

Sent from my iPhone

## Fwd: Fredrick Trimble

From: Malik Shabazz (attorney.shabazz@yahoo.com)  
To: attorney.shabazz@yahoo.com  
Date: Sunday, March 2, 2025 at 02:40 AM EST

---

Malik Z. Shabazz, Esq.  
Attorney at Law  
(301) 513-5445  
(240) 688-0735  
700 Pennsylvania Ave SE  
Suite #200  
Washington D.C.  
20003

*The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.*

Begin forwarded message:

**From:** Jennifer Crisler <denisecrislerj@icloud.com>  
**Date:** February 20, 2025 at 11:48:02 AM EST  
**To:** attorney.shabazz@yahoo.com  
**Subject: Fredrick Trimble**

Sent from my iPhone

Begin forwarded message:

**From:** Jennifer Crisler <denisecrislerj@icloud.com>  
**Date:** February 21, 2020 at 10:27:18 AM CST  
**To:** abryan@raylaw.org

Subject: Fredrick Trimble

Hello, Fredrick Trimble Mdoc #109062 was arrested in Rankin County on July 18, 2018. A guy by the name of Tim Fowler set Fredrick up. The incident happened at a private property of Love's gas station in Rankin County. During the process of the transaction the informant offered Fredrick a handgun for more heroine. Fredrick denied the handgun. Fredrick thought the guy was setting him to be robbed he didn't know it was police because there were no police cars and no blue lights. Fredrick struck a pedestrian in the process of leaving the scene. Fredrick was charged with aggravated DUI, assault on police officer, sale of heroine, possession of heroine, felony fleeing, and leaving the scene of an accident. The officers tased Fredrick several times. One of the short Officers put his gun inside of Fredricks mouth and said "Nigger if I could kill you and get away with it I would. Fredrick has an injured leg so he warned them about his leg. They asked him which one was injured at that point he wouldn't tell them so they started stepping on both his legs. It was approximate 11-13 officers and Fredrick. They put inside his motion of discovery that they tased him then he got up and punch 2 officers. There is no way you can tase a man and he get up and punch 2 officers. They stated that lie to cover up their reasons for beating him. They took Fredrick into custody and told him if he would set up some people they would make those charges disappear. Fredrick denied the offer because that is very dangerous and the police will

not always be around to protect you against the people you set up. Fredrick bonded out a few days later. Fredrick hired attorney was Ali Shamsideen. Fredrick received a call from his bondsman to pick up his indictment papers on July 11, 2019 at 8am. I spoke with Fredricks attorney on July 10, 2019 and told him what the bondsman said. The attorney asked if Fredrick and I could meet at his office on the morning of July 11th around 9:30 and for Fredrick to bring \$500. We met attorney Shamsideen at his office and he called 3 different numbers at Rankin County. They all stated Fredrick wasn't on court docket and that he didn't have an indictment. Fredrick paid the attorney and we left because the attorney told us there was no need for us to go down to Rankin County since they hadn't indicted him. In August 2019 Fredrick picture was posted on Rankin County most wanted. We contacted Fredrick attorney about it. The attorney said he called Rankin County and he still didn't find an indictment nor a warrant for Fredrick. The morning of August 26, 2019 Rankin County told Fredricks attorney that Fredrick needed to come down. Fredrick and his attorney went to the sheriff department on August 27, 2019. Attorney Shamsideen told sheriff Bryan Bailey that Fredrick didn't come to pick up indictment papers because he told Fredrick not to go since they said to him over the phone that there was no indictment on Fredrick. They arrested Fredrick for the bench warrant. We were told that Attorney Shamsideen should have known they can't give out that information about indictments

over the phone. We fired attorney Ali Shamsideen at that point. We then hired attorney Leslie Ridlehoover Brown. She talked good and spoke up on everything she could do. She even lied to us like she was going to go after the polices for beating Fredrick to make them give him 5 years to serve total. She even told us that she knows Judge Emfinger well and he and her ex husband are real close friends. She also spoke on Judge Emfinger personal business, saying that his daughter is a drug addict. Leslie also spoke on other clients cases and talked about other attorneys. She pointed out attorneys who was having affairs and the attorneys who snort cocaine. Leslie also stated that the Rankin County officers are all on steroids and they are arresting people for drugs and they are taking drugs themselves. She talked good about everything until after she got paid. Once she got all her money for the case she showed no interest in the case. I asked her would she go and talk to Fredrick at the jail. She told me she would go after she get his motion of discovery. She got his motion of discovery and made a copy of it and dropped it off at the jail and left. She didn't attempt to go over the discovery with him to fight for him she was working with the D.A. Joey instead of working for Fredrick as his paid attorney. The closer it got to his settlement date I asked her if they had offered a plea. She never like to be questioned. I have text messages where I've asked her to talk to me and not hang up in my face anymore just because we were asking her questions. Once I started asking questions she

would get off the phone or hang up in my face. His settlement date was December 9, 2019. A few days before his settlement date I asked her if she had a plea offer. She told me no she was waiting on Joey to get back with her. She also stated she had a client she had to be in court with that Monday at Madison county that same morning so she wanted Joey to go on and give her an offer. Friday December 6, 2019 she called Fredricks mom and told her she have a good plea for Fredrick. She told his mom he will be sentenced to 12 years total. When someone is sentenced to 12 years on a 50% crime that mean they will serve about 4-6 years if they have good behavior. The entire time Leslie had only been calling me about Fredricks case but she is an attorney who don't like to be questioned so that's why she didn't call me to tell me the plea offer because she knew I would drill her with questions. In which I have the right to when I've paid her my money. Leslie went to Rankin County Jail and offered the plea to Fredrick. The plea was 25 years 5 years for felony fleeing 5 years for heroine sale and they ran those two together and 20 years on aggravated assault. This charge is Fredricks first violent charge and first drug charge. She told Fredrick his mom told her to tell him to take the plea because it's a good plea. When Fredrick started asking questions Leslie got mad and went to cursing. "Motherfucker if you don't take the plea I'm not coming back down here" , " I worked my ass off to get you this plea" Fredrick asked her why didn't he get any suspended time off the

aggravated assault and what happened to her getting him 5 to serve, because the pedestrian had non life threatening injuries. She told Fredrick the only attorney I can see that could get you some suspended time on that aggravated assault is Thomas Fortner. Fredrick said why should I have to go pay another attorney to do something when I've already paid you, so why can't you do it. She got mad went to cursing him out again. Fredrick ask her can he get another plea. She stated that was his final plea. Fredrick said they give up to 3 plea offers. She stated that was his final plea so Fredrick asked her what was my first plea offer. She told him I'm not entitled to tell you what it was I just know you wasn't going to take it. There is no way they could have offered him any other plea because she didn't get a response from the DA until December 6, 2019 and he had court December 9, 2019. He told her she's very unprofessional in which she is. I knew that when she spoke on the other attorneys doing drugs, the judge daughter on drugs, and when she spoke about other clients cases to me. She told Fredrick if he didn't take the plea he was never going to see her again and that if he didn't take the plea the judge would give him 86 years. She scared him into taking the plea. After the plea deal Fredrick spoke with some other inmates who had law papers in the county jail with them and he realized 20 years on a aggravated assault is considered maxed out. Fredrick feel as if he didn't take it to trial so why did they max him out on a non life threatening aggravated assault. The pedestrian that Fredrick hit didn't want to pursue

the charges in the first place. The pedestrian stayed 2 days in the hospital and you can look at the paperwork to see that the officers made the hospital rig it up. The pedestrian was only given over the counter pain meds and he had a small cut on his arm from the broken glass. While in Rankin county Fredrick spoke with other inmates who had aggravated assault charges. One inmate shot his dad in the back and got 10 years and that's a life threatening injury. Inmate Carlos Alvarado was there in Rankin County and he was looking at 30 years mandatory time for trafficking over 30 kilos of Cocaine and he paid them off to drop his charge down to possession less than 40-50g so they gave him 5 years mandatory and now he's a trustee at rankin county jail. It's ridiculous how they are over sentencing certain people and how we pay our money to attorneys to trust them to work in our favor and they are working with the judges and D. A. On January 24, 2020 I had a visit with Fredrick at Rankin County Jail. Fredrick called my cell phone after the visit. While on the phone Fredrick screamed I got to go baby they jumping on this man and hung up. I didn't hear from Fredrick anymore until January 31, 2020 because Mdoc had picked him that morning. Rankin County Jail put the entire time pod on lock down because they saw the officers beat inmate Joshua Washington Mdoc #155202 in the hallway while he was in handcuffs. Fredrick said it was blood every where and one of the heavy officers step on Joshua head. Rankin County Jail kept them on lock down for longer than a week so they wouldn't use the phones to contact anyone to let them know about

**them beating Joshua. During the time they was on lockdown I made several calls to the jail asking when would they be off lock down and the lady asked me how did I even know they was on lock down. Like I told her I was on the phone when an altercation happened and I hadn't heard from him since. Mdoc came and picked Fredrick up on January 31, 2020 and Fredrick called me from CmCf telling me about the officers beating up Joshua and them having them on lockdown so they wouldn't tell anyone about it..**

We have so many unanswered questions.

Did they suppose to pursue Fredrick in that private property parking lot?

Why charge Fredrick with simple assault on police officer then drop the charges if they are saying he really did assault them?

How can he be maxed out on a charge without taking it to trial?

How can his attorney Leslie Ridlehoover Brown get away with lying to his mother about the sentence timing?

How can his attorney Leslie Brown get away with forcing him into taking a plea by telling him if he don't take that the judge will give him 86 years?

How can Rankin County officers get away with beating Fredrick and putting a nasty pistol inside his mouth?

How can Carlos pay to get his charge dropped down to possession after having over 30 kilos of cocaine and only get 5 years after his second time of getting caught with drug trafficking?

How are they allowed to over sentence and show discrimination against certain people?

Fredrick's family need guidance. Something needs to be done about these situations and Fredricks case. Fredrick has an 8 year old daughter who cries out for him daily because she don't know where her dad is and hadn't saw him in 6 months. Fredrick's Mom Vanessa has a heart condition and has undergone several leg surgeries. This situation has been very heartbreaking.

Attached is the arrest report of Carlos and the picture where Rankin County beat Fredrick.

Contact info:

Fredrick's Mom:  
Vanessa Howard  
(601)919-5130

Jennifer Crisler  
(601)259-9993

Fredrick Trimble #109062  
CMCF Quickbed  
C building D zone bed #97

---





000557





000559



000560